

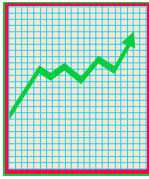
CALIFORNIA DEPARTMENT OF  
**Mental Health**

## **Statistical Report**

Report Number 01-01 June 2001

# **MEDI-CAL MENTAL HEALTH SERVICES IN CALIFORNIA**

**Fiscal Years 1993-94 through 1997-98**



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**Mental Health**

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### **MEDI-CAL MENTAL HEALTH SERVICES IN CALIFORNIA**

**Fiscal Years 1993-94 through 1997-98**

This statistical trend report provides data and analysis on specialty mental health services funded through the Medi-Cal program. This is the first report of this nature produced by the Department of Mental Health and it is intended to provide baseline information about the program. Annual updates will include the same information as well as additional information focusing on specific program areas. Included in the report are data on eligibility, utilization, treatment expenditures, and indicators derived from these data for Fiscal Years (FY) 1993-94 through 1997-98. The inclusion of these fiscal years enables the influence of Inpatient Consolidation to be seen, when the Department of Health Services (DHS) transferred responsibility for acute inpatient care to the Department of Mental Health (DMH) and county mental health programs. The report contains sections devoted to statewide, regional, and county data. Data are presented across a number of programmatic and demographic variables including aid group, age group and gender, race/ethnicity, and type of service.

- In California, the number of persons eligible for Medi-Cal services decreased 4 percent, from 5,522,318 to 5,303,854 average monthly eligibles from FY 1993-94 through 1997-98.
- During the same five years, the number of persons receiving Medi-Cal specialty mental health services increased 19.7 percent, from 275,159 to 329,455 clients.
- The percent of eligibles receiving Medi-Cal specialty mental health services (penetration rate) increased from 4.98 percent in FY 1993-94 to 6.21 percent in FY 1997-98; an increase of 24.7 percent.
- From FY 1993-94 through 1997-98, the total expenditures for Medi-Cal specialty mental health services increased 28.6 percent, from \$648,774,995 to \$834,148,885.



## A Summary of Specialty Mental Health Services

Funded through the Medi-Cal Program

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## Executive Summary

During the past several years, there have been dramatic changes in the health financing and delivery systems initiated by the move toward managed care. This change has occurred in the Medi-Cal program in general and with respect to Medi-Cal mental health services in particular. This report provides trend data regarding persons who are eligible for and use Medi-Cal mental health services, the cost of services, and indicators derived from these basic data for Fiscal Years (FY) 1993-94 through 1997-98. It also presents demographic characteristics of persons eligible for services, persons who use services, and the types of services used.

The report is organized into three main sections. The first section presents statewide data with a narrative description and analysis. The second and third sections present regional and county data for all five years and for each of the variables presented in the first section. The following includes some of the major highlights from analyses of the Medi-Cal data.

### Eligibility

Overall, there was a small decrease of 4 percent in the number of persons eligible for Medi-Cal mental health services, from 5,522,318 average monthly eligibles to 5,303,854 average monthly eligibles, over the five-year period. The decrease was largely due to welfare reform or CalWORKs as it is known in California. There were, however, increases in the number of persons eligible for Medi-Cal in the Disabled and Foster Care aid groups of 13.4 percent and 29.7 percent, respectively. The increases are particularly noteworthy because people in these aid groups tend to use mental health services more frequently than people in other aid groups.

Despite the increase in the number of eligibles in the Foster Care group, there was a 4.9 percent decrease in the number of youths eligible for Medi-Cal in the 0-17 age group over the five-year period. There were also decreases in the number of eligible persons in the 18-20 and 21-59 age groups, with 10.2 percent and 5.1 percent decreases, respectively.

### Clients

From FY 1993-94 through 1997-98 there was a 19.7 percent increase in the total number of unduplicated persons served, from 275,159 clients to 329,455 clients. The Foster Care aid group increased 40.9 percent, the largest increase of any of the aid groups. The Disabled aid group accounted for nearly one half of the total number of clients, ranging from 131,647 clients in FY 1993-94 to 163,703 clients in FY 1997-98.

Although there were increases in each of the age groups in the number of clients, the biggest increase was for youths in the 0-17 age group. This increase is largely due

to the implementation of the Early and Periodic Screening, Diagnosis, and Treatment program (EPSDT) in FY 1995-96.

With the implementation of Inpatient Consolidation in January 1995, the number of clients receiving Inpatient services remained relatively stable. However, the number of clients receiving All Other (non-inpatient) services increased 20 percent, from 272,394 clients to 326,935 clients over the five-year period.

### Penetration Rate

The penetration rate represents the rate of utilization and is determined by dividing the number of unduplicated clients by the number of average monthly eligibles and then multiplying that number by 100. The result indicates the percent of persons eligible for Medi-Cal services who actually received one or more mental health services.

From FY 1993-94 through 1997-98, the overall penetration rate increased 24.7 percent, from 4.98 percent to 6.21 percent. The highest penetration rates were in the Foster Care and Disabled aid groups. Over the five-year period the penetration rates for the Foster Care aid group increased 8.6 percent, from 42.98 percent to 46.68 percent, while for the Disabled aid group rates increased 9.7 percent, from 18.39 percent to 20.18 percent.

With respect to type of service, the penetration rate for Inpatient services remained relatively stable, increasing 4.7 percent, from .53 percent to .56 percent over the five-year period. Conversely, the penetration rate for All Other services increased 25 percent, from 4.93 percent to 6.16 percent from FY 1993-94 through FY 1997-98.

### Expenditures

Total expenditures for Medi-Cal mental health services increased 28.6 percent, from \$649 million to \$834 million. The biggest increase in expenditures was for the Foster Care aid group, which increased 83.9 percent, from \$56 million to \$102 million. This increase, along with the 31.7 percent increase in expenditures for the children other than those in the Foster Care aid group, was largely due to the implementation of the EPSDT program. By far the largest portion of the total expenditures was for the Disabled aid group, which had expenditures of \$413 million in FY 1993-94 and \$515 million in FY 1997-98, over 60 percent of the total expenditures.

Consistent with the increases in expenditures for the Foster Care and All Other Children aid groups, the biggest increase in expenditures with regard to age was in the 0-17 age group, which increased 56.1 percent, from \$192 million to \$299 million.

The effects of Inpatient Consolidation can be seen in the expenditures by type of service. From FY 1993-94 through FY 1997-98, expenditures for Inpatient services

decreased 34.9 percent, from \$285 million to \$185 million, while All Other services increased 78.2 percent, from \$364 million to \$649 million.

### Expenditures per Eligible

From FY 1993-94 through 1997-98, the expenditures per average monthly eligible increased 33.9 percent, from \$117.48 to \$157.27. The Foster Care aid group had the highest expenditures per eligible and the biggest increase over the five-year period, with \$745.42 in FY 1993-94 and \$1,056.62 in FY 1997-98, an increase of 41.7 percent. The Disabled aid group had the next highest expenditures per eligible with \$576.71 in FY 1993-94 and \$634.30 in FY 1997-98, an increase of 10.0 percent.

With regard to age, the highest expenditures per eligible were in the 21-59 age group, which went from \$233.93 per eligible to \$286.18 per eligible. However, the 0-17 age group had the highest percent increase of 64.1 percent, increasing from \$67.42 per eligible to \$110.65 per eligible.

The expenditures per eligible for Inpatient services decreased 32.2 percent, from \$51.57 per eligible to \$34.95 per eligible over the five years. Conversely, expenditures per eligible for All Other services increased 85.6 percent, from \$65.92 per eligible to \$122.32 per eligible over the same period.

### Expenditures per Client

Overall, the expenditures per unduplicated client increased 7.4 percent, from \$2,357.82 per client to \$2,531.91 per client. The Foster Care aid group had the biggest increase at 30.5 percent, from \$1,734.24 per client to \$2,263.45 per client. However, the Disabled aid group had the highest expenditures per client with \$3,144.02 per client in FY 1997-98.

With regard to age, the biggest increases in expenditures per client were with the 0-17 age group at 14.0 percent and the 18-20 age group at 13.0 percent, which is consistent with the increases in the Foster Care aid group, and increases due to the implementation of the EPSDT program.

Because of Inpatient Consolidation, where counties were able to negotiate better rates for Inpatient services, the expenditures per client decreased 35.3 percent for Inpatient services, from \$9,694.01 per client to \$6,270.95 per client, while All Other services increased 48.5 percent, from \$1,336.35 per client to \$1,984.35 per client.



## Introduction

This Medi-Cal trend report provides data on eligibility, utilization, treatment expenditures, and indicators derived from these data for Fiscal Years (FY) 1993-94 through 1997-98. The report consists of an Executive Summary, individual sections devoted to statewide, regional, and county data, and appendices containing technical information. The data will be presented by aid group, age group and gender, race/ethnicity, and type of service.

### Brief History and Evolution of the Medi-Cal and Mental Health Programs

The Medi-Cal Program began in 1965 when Congress passed two amendments to the Social Security Act that provided health benefits to individuals eligible for federal welfare grants. This legislation established Medicare for persons 65 years of age and over, and Medicaid for persons who were in the aged, blind, disabled, and family aid programs.

In 1966, California passed legislation to implement the Medicaid program by establishing the California Medical Assistance Program in the Office of Health Care Services. Since that time, the program has become known as the Medi-Cal program, and now includes many additional specialized programs. The Department of Health Services (DHS) is the single state agency that administers the program.

The Medi-Cal program originally consisted of physical health care benefits with mental health treatment making up only a small part of the program. Mental health services were limited to treatment provided by physicians (psychiatrists), psychologists, hospitals, and nursing facilities, and were reimbursed through the Fee-For-Service Medi-Cal system (FFS/MC).

In 1957, California passed the Short-Doyle Act, which is administered by the Department of Mental Health (DMH). This act provided matching state funds to counties and cities for delivery of mental health services to their residents. The matching ratio increased from 50% state funds-50% county funds to 75% state funds-25% county funds, then eventually to 90% state funds-10% county funds in 1969 when it became mandatory for counties with populations over 100,000 to provide mental health services. In FY 1973-74, it became mandatory for all counties to have a mental health program.

There was no federal funding of the Short-Doyle program until the early 1970's, when it was recognized that local county mental health programs were treating many Medi-Cal recipients. Short-Doyle/Medi-Cal (SD/MC) started as a pilot project in 1971, and counties were able to obtain federal matching funds to provide certain mental health services to Medi-Cal eligible individuals. The SD/MC program offered a broader range of mental health services than those provided by the original Medi-Cal program.

The SD/MC program now includes acute inpatient care, adult residential treatment, crisis residential treatment, crisis stabilization, intensive day treatment, day rehabilitation, linkage and brokerage, mental health services, medication support, and crisis intervention.

The two separate Medi-Cal mental health systems, FFS/MC (the original Medi-Cal mental health system) and SD/MC, continued as separate programs until Medi-Cal mental health consolidation began in January 1995. At that time, DHS transferred responsibility for acute inpatient care to DMH and county mental health programs. Outpatient specialty mental health services were consolidated through a phased in implementation by counties during FY 1997-98.

### Appendices

Appendix A describes the methodology and defines terms used in this report. Appendix B lists all of the individual aid categories within each aid group used in the analysis. Appendix C lists the counties within each of the mental health regions.

# Statewide



## Aid Groups

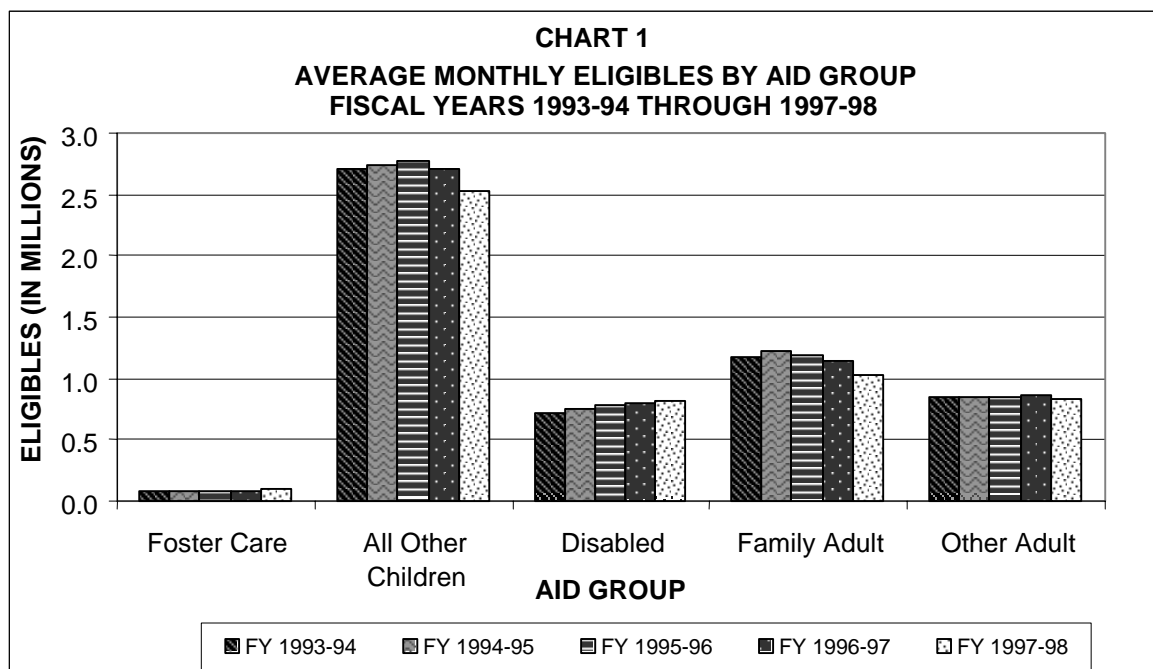
The first section of this report presents an overall analysis of Medi-Cal specialty mental health services by aid groups since this is a fundamental concept in the Medi-Cal program. People can become eligible to receive Medi-Cal services through several programs, primarily Temporary Assistance to Needy Families, Foster Care, and persons who are aged, blind and disabled receiving Federal Supplemental Income (FSI)/State Supplementary Payments (SSP). With the numerous variations within each of these programs and several other smaller programs, there are over 100 individual aid categories. For this report, the aid categories have been grouped based on program similarity, age, and utilization and cost of mental health services. This results in the following five groups: Foster Care, All Other Children, Disabled, Family Adult, and Other Adult. Appendix B shows the individual aid categories within each of these groups.

### Eligibles

Table 1 and Chart 1 show the average monthly Medi-Cal eligibles by aid group. The total number of average monthly eligibles decreased 4 percent from 5.5 million eligibles in FY 1993-94 to 5.3 million eligibles in FY 1997-98. The All Other Children, Family Adult, and Other Adult aid groups all followed the same pattern, which is largely due to Welfare Reform or CalWORKs as it is known in California. However, the number of persons in the Foster Care and Disabled aid groups increased by 29.7 percent and 13.4 percent, respectively. The increase in eligibles in these groups is significant for mental health because persons in these aid groups are more likely to receive mental health services than persons in other aid groups.

TABLE 1  
AVERAGE MONTHLY ELIGIBLES BY AID GROUP  
FISCAL YEARS 1993-94 THROUGH 1997-98

Aid Group	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	5,522,318	5,620,035	5,682,443	5,595,331	5,303,854	-4.0
Foster Care	74,672	76,951	81,428	86,114	96,879	29.7
All Other Children	2,712,753	2,745,851	2,769,623	2,711,101	2,523,220	-7.0
Disabled	715,835	742,023	788,849	805,737	811,430	13.4
Family Adult	1,177,627	1,214,855	1,187,927	1,134,249	1,033,985	-12.2
Other Adult	841,483	840,430	854,650	858,155	838,374	-0.4

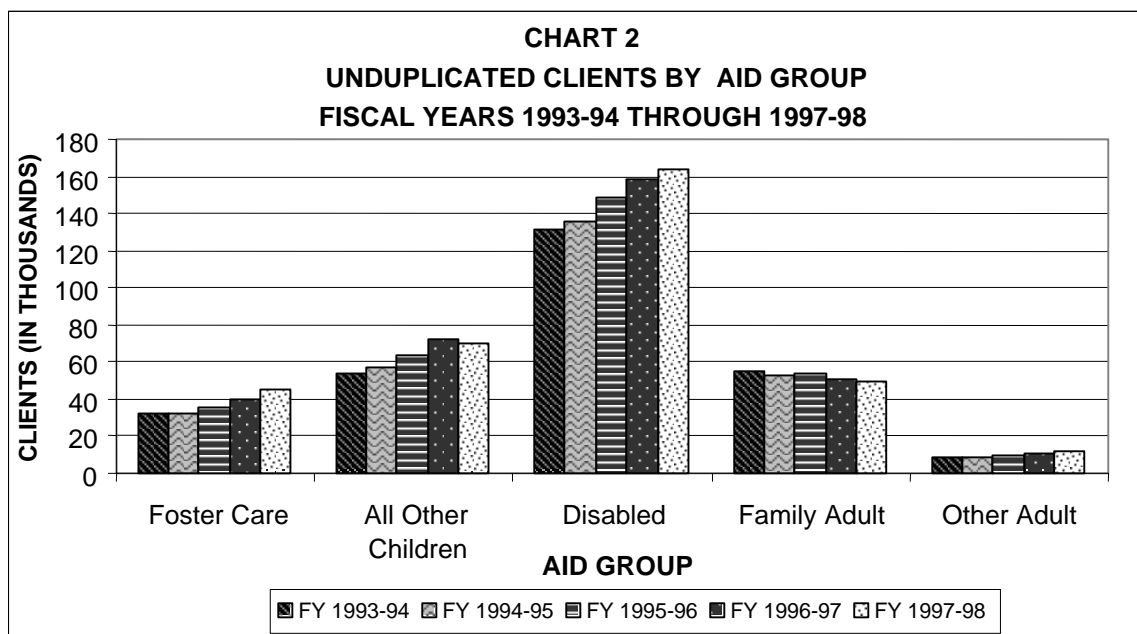


## Clients

Table 2 and Chart 2 show the number of unduplicated clients by aid group. From FY 1993-94 through FY 1997-98, the total number of unduplicated clients increased by 19.7 percent, from 275,159 to 329,455. The Foster Care aid group had the largest increase, 40.9 percent, of any of the aid groups, going from 32,096 clients in FY 1993-94 to 45,225 clients in FY 1997-98. The number of clients in the Other Adult aid group increased 39.1 percent, the All Other Children aid group increased 29.8 percent, and the Disabled aid group increased 24.3 percent. The Family Adult aid group decreased 10.6 percent, going from 55,358 in FY 1993-94 to 49,475 in FY 1997-98. For each of the years, persons in the Disabled aid group account for almost half of all clients.

TABLE 2  
UNDUPPLICATED CLIENTS BY AID GROUP  
FISCAL YEARS 1993-94 THROUGH 1997-98

Aid Group	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	275,159	280,129	303,272	320,265	329,455	19.7
Foster Care	32,096	32,210	35,359	40,213	45,225	40.9
All Other Children	54,387	56,818	63,151	72,568	70,574	29.8
Disabled	131,647	136,028	149,150	158,319	163,703	24.3
Family Adult	55,358	53,144	53,772	51,156	49,475	-10.6
Other Adult	8,630	8,889	10,212	10,583	12,007	39.1



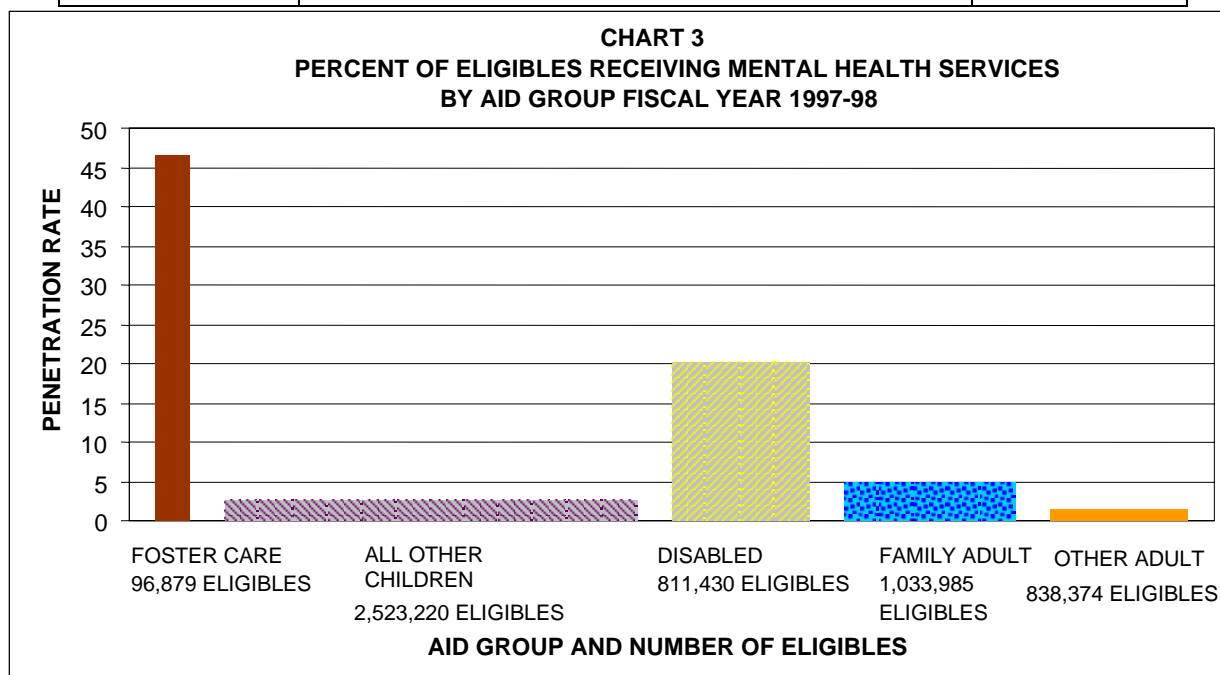
**Penetration Rate.** One useful indicator that utilizes both the number of clients and the number of average monthly eligibles is the penetration rate. The penetration rate is determined by dividing the number of unduplicated clients by the number of average monthly eligibles and then multiplying that number by 100. The resulting number indicates the percent of Medi-Cal eligibles who received services.

Table 3 shows the penetration rates by aid group. Across all aid groups, the percent of eligibles who received mental health services increased from 4.98 percent in FY 1993-94 to 6.21 percent in FY 1997-98. This was an increase of 24.7 percent. The penetration rates for all aid groups increased from FY 1993-94 to 1997-98. The aid groups with the highest penetration rates are Foster Care, at 46.68 percent for FY 1997-98, and Disabled aid group at 20.18 percent for the same year. However, the groups with the greatest percent increase were the Other Adult and All Other Children aid groups.

Chart 3 shows the relationship between the penetration rates for each aid group and the number of eligibles for each aid group for FY 1997-98. The height of the bar shows the penetration rate and the width of the bar show the relative proportion each aid group is of the total Medi-Cal eligible population. Thus, the chart shows that the Foster Care aid group has the highest penetration rate but the width of the bar indicates that this group has the fewest eligibles.

**TABLE 3**  
**PERCENT OF ELIGIBLES RECEIVING MENTAL HEALTH SERVICES BY AID GROUP**  
**FISCAL YEARS 1993-94 THROUGH 1997-98**

Aid Group	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	4.98	4.98	5.34	5.72	6.21	24.7
Foster Care	42.98	41.86	43.42	46.70	46.68	8.6
All Other Children	2.01	2.07	2.28	2.68	2.80	39.3
Disabled	18.39	18.33	18.91	19.65	20.18	9.7
Family Adult	4.70	4.38	4.53	4.51	4.79	1.9
Other Adult	1.03	1.06	1.20	1.23	1.43	38.8



## Expenditures

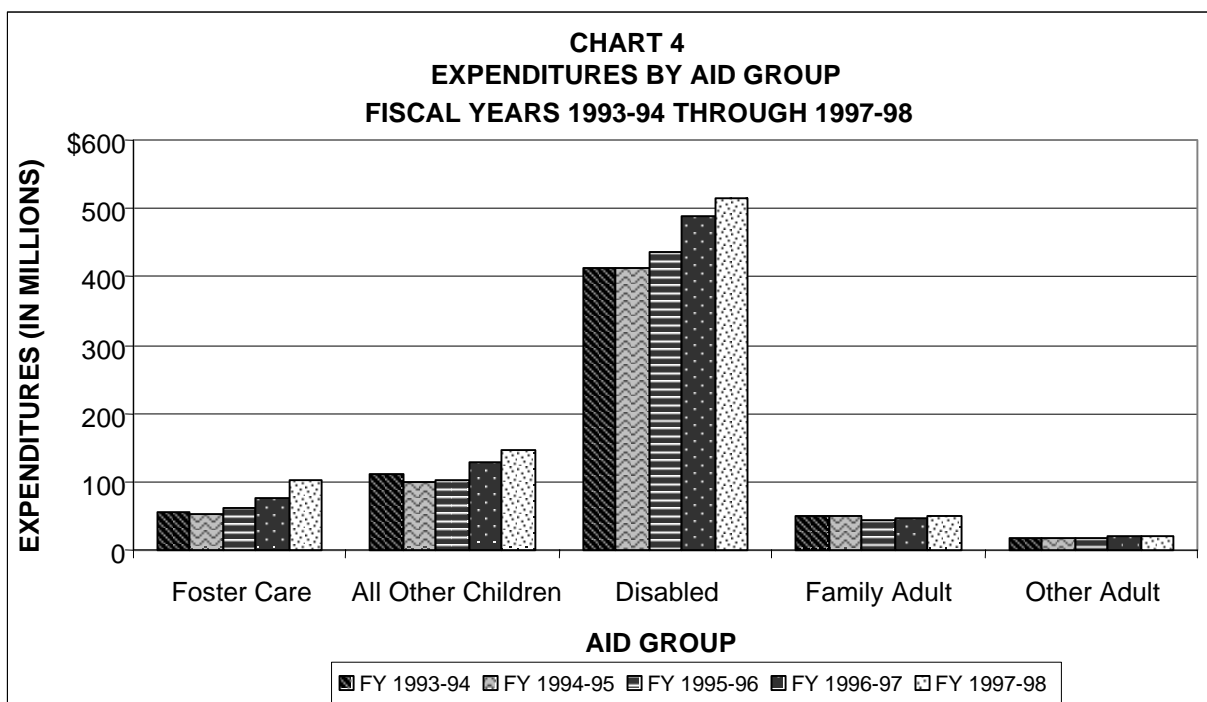
Table 4 and Chart 4 show the expenditures for Medi-Cal mental health services by aid group. From FY 1993-94 through FY 1997-98, the total expenditures increased from \$649 million to \$834 million, an increase of nearly 29 percent. The largest percent increase in expenditures over the five-year period was for the Foster Care aid group, which increased nearly 84 percent, from \$56 million to \$102 million. There was also a substantial increase of 31.7 percent for the All Other Children aid group. The increases for Foster Care and All Other Children are largely due to the implementation of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program in 1995-96. From FY 1993-94 through FY 1997-98, the expenditures for the Disabled aid group increased from \$413 million to \$515 million, an increase of almost 25 percent.



Despite the overall increase, there was a slight decrease in expenditures of 2.85 percent between FY 1993-94 and 1994-95. This was due to the consolidation of acute inpatient services in January 1995. When counties took over responsibility for inpatient services, there was a slight decrease in inpatient admissions, a slight decrease in length of stay, and a substantial decrease in the daily bed rate in some counties. The accumulated effects of these changes account for the decreases seen here. By far the largest portion of the total expenditures in all years has been for the Disabled aid group. In FY 1997-98, 61 percent of the total expenditures were for services for the Disabled aid group.

TABLE 4  
EXPENDITURES BY AID GROUP  
FISCAL YEARS 1993-94 THROUGH 1997-98

Aid Group	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	\$648,774,995	\$630,283,091	\$662,863,236	\$758,205,281	\$834,148,885	28.6
Foster Care	55,662,272	53,885,851	60,337,071	76,505,425	102,364,359	83.9
All Other Children	112,001,160	98,205,678	103,767,956	128,206,023	147,532,533	31.7
Disabled	412,830,452	411,922,685	435,578,806	488,209,987	514,686,164	24.7
Family Adult	50,898,685	49,083,152	45,231,018	45,983,727	49,390,285	-3.0
Other Adult	17,382,425	17,185,725	17,948,385	19,300,118	20,175,543	16.1



### Expenditures Per Eligible and Expenditures Per Client

Two other useful indicators for analyzing program trends can be created by dividing the expenditures by the number of average monthly eligibles, and by the number of unduplicated clients. These calculations yield the expenditures per average monthly eligible and the expenditures per client.

Table 5 and Chart 5 show the expenditures per eligible by aid group. Across all aid groups, the total expenditures per eligible increased 33.9 percent from FY 1993-94 through FY 1997-98, increasing from \$117 per eligible to \$157 per eligible. In FY 1997-98, the Foster Care and Disabled aid groups had the highest expenditures per eligible at \$1,057 per eligible and \$634 per eligible, respectively. During the five-year period, the Foster Care aid group increased 41.7 percent from \$745 per eligible to \$1,057 per eligible, while the Disabled aid group increased 10 percent from \$577 per eligible to \$634 per eligible. The All Other Children aid group increased 41.6 percent from \$41 to \$58 per eligible. The increases in the Foster Care and All Other Children expenditures are largely due to the implementation of the EPSDT program in FY 1995-96, as stated earlier.

TABLE 5  
EXPENDITURES PER AVERAGE MONTHLY ELIGIBLE BY AID GROUP  
FISCAL YEARS 1993-94 THROUGH 1997-98

Aid Group	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	\$117.48	\$112.15	\$116.65	\$135.51	\$157.27	33.9
Foster Care	745.42	700.26	740.99	888.42	1,056.62	41.7
All Other Children	41.29	35.77	37.47	47.29	58.47	41.6
Disabled	576.71	555.13	552.17	605.92	634.30	10.0
Family Adult	43.22	40.40	38.08	40.54	47.77	10.5
Other Adult	20.66	20.45	21.00	22.49	24.07	16.5

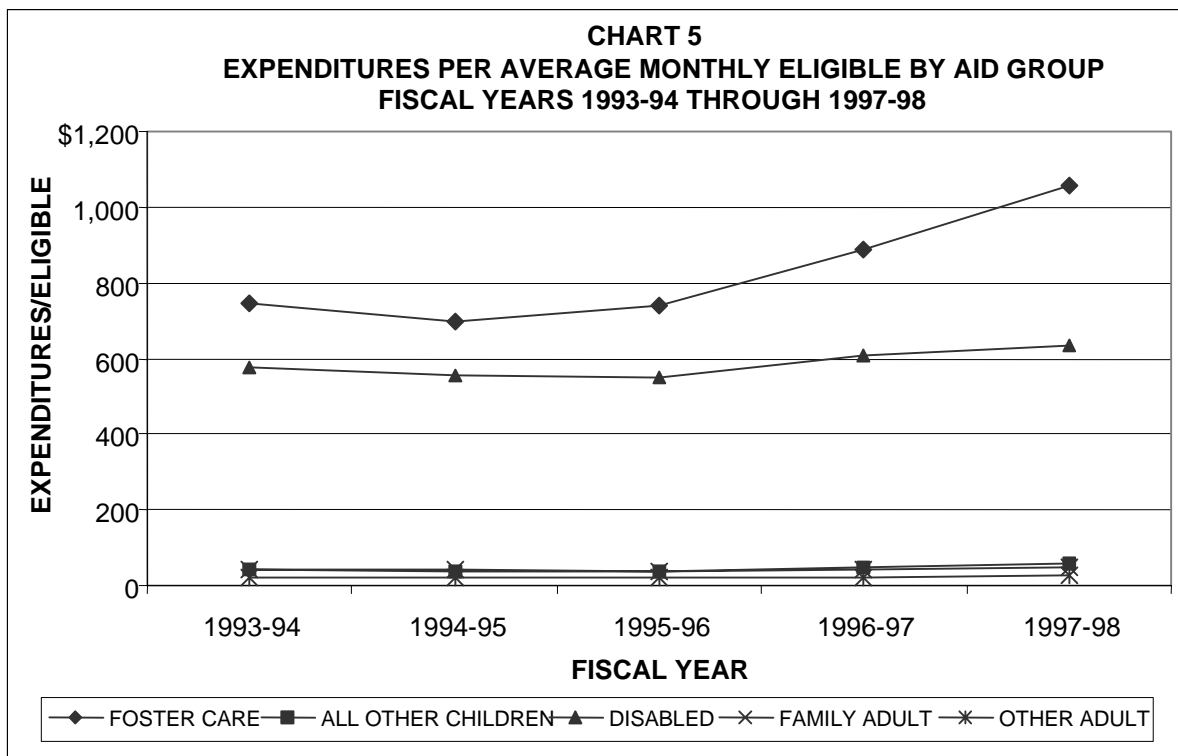
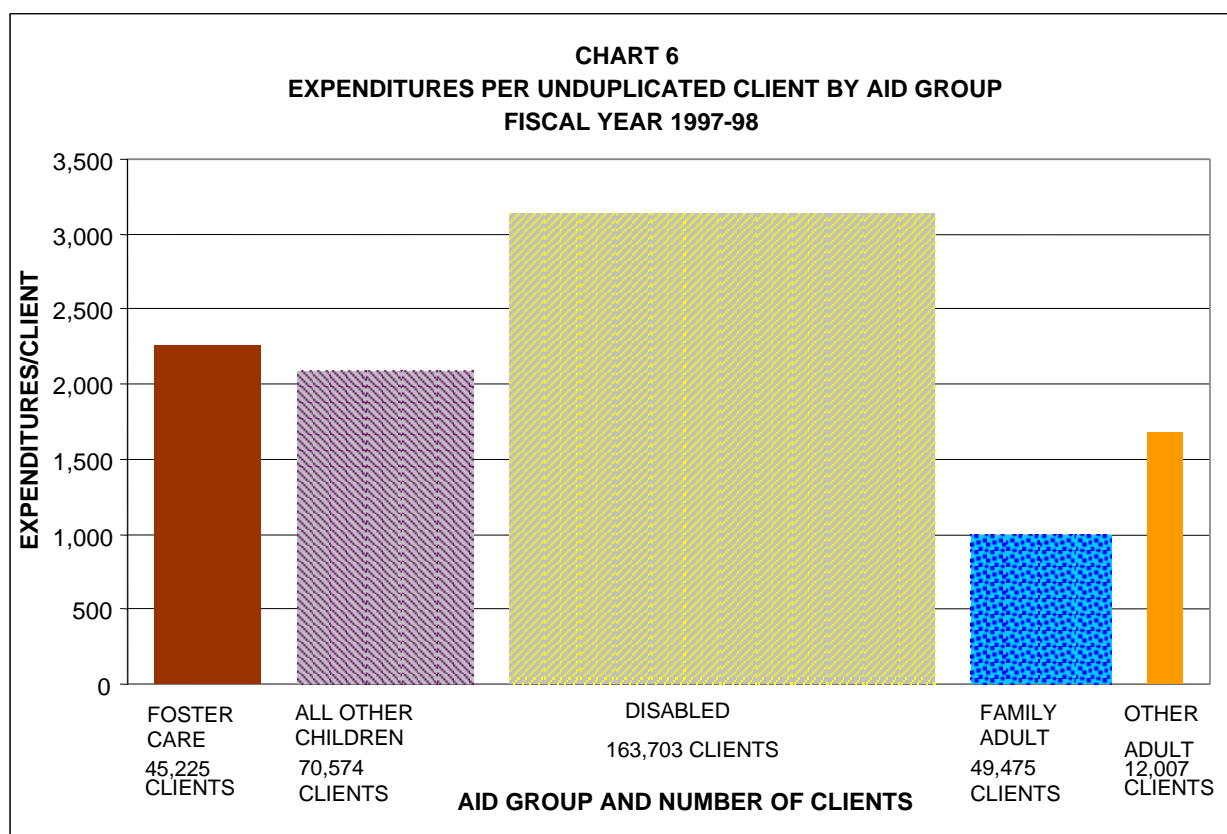


Table 6 shows the expenditures per client by aid group. Across all aid groups, the total expenditures per client increased 7.4 percent, from \$2,358 per client in FY 1993-94 to \$2,532 per client in FY 1997-98. The largest increase over the five years was for the Foster Care aid group, which increased 30.5 percent from \$1,734 per client to \$2,263 per client. The Other Adult aid group had the only decrease over the five years, going from \$2,014 per client to \$1,680 per client, a decrease of 16.6 percent. In each year, the aid group with the highest expenditures per client was the Disabled aid group, at \$3,144 for FY 1997-98. These expenditures changed less than 1 percent during the five-year time period for the Disabled aid group.

Chart 6 presents the expenditures per client with the width of the bars indicating the relative proportion of each aid group within the total client population. The total size of each bar is proportional to the total amount of money spent for each aid group for FY 1997-98. Charts 3 and 6 together illustrate the cumulative effects of differences in the eligible population, client population, and services received. It is interesting to note that All Other Children have a very low penetration rate, as shown in Chart 3. However, when these children do receive services, their cost per client is almost as high as Foster Care youth, as shown in Chart 6.

TABLE 6  
EXPENDITURES PER UNDUPLICATED CLIENT  
BY AID GROUP  
FISCAL YEARS 1993-94 THROUGH 1997-98

Aid Group	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	\$2,357.82	\$2,249.97	\$2,185.71	\$2,367.43	\$2,531.91	7.4
Foster Care	1,734.24	1,672.95	1,706.41	1,902.50	2,263.45	30.5
All Other Children	2,059.34	1,728.43	1,643.17	1,766.70	2,090.47	1.5
Disabled	3,135.89	3,028.22	2,920.41	3,083.71	3,144.02	0.3
Family Adult	919.45	923.59	841.16	898.89	998.29	8.6
Other Adult	2,014.19	1,933.37	1,757.58	1,823.69	1,680.32	-16.6



### Summary by Aid Group

There is a slight decrease in the overall number of persons eligible for Medi-Cal in the aid groups that are affected by CalWORKs. However, there are substantial increases in the number of persons eligible for Medi-Cal in the Disabled and Foster Care aid groups. This is particularly important for mental health expenditures since people in these groups tend to use mental health services more frequently than people in other aid groups and their service needs result in a higher cost per person when they do use services. Charts 3 and 6 show the relationship of these variables.

## Age Group and Gender

Age and gender are both important variables in analyzing service utilization. The age groups presented here are perhaps somewhat unusual, but are based on program considerations. The usual age groupings of youth, adults, and older adults are typically defined as 0-17, 18-64, and 65 and over, respectively. However, in Medi-Cal, persons 18-20 are also eligible for EPSDT services which is generally considered a program for youth. So, this age group is specifically separated. Also, the California Master Plan for Mental Health considers older adults as person 60 years of age and older. However, the use of service changes dramatically at 65 and over due to Medicare eligibility. So, a separate age group for persons 60-64 years old is shown. These unique age groups provide flexibility for additional analyses.

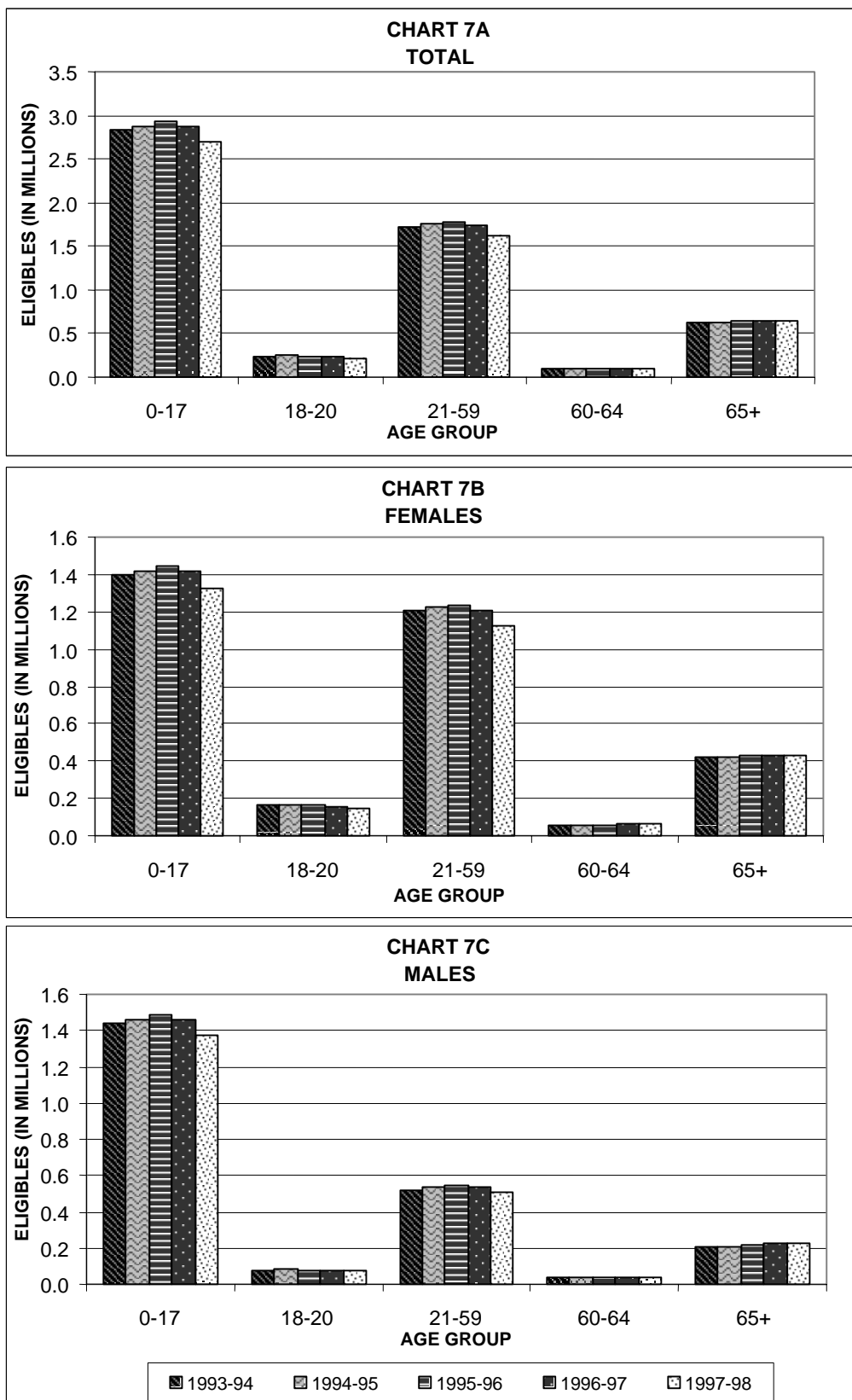
### Eligibles

Table 7 and Charts 7A, 7B, and 7C show the number of average monthly eligibles by age group and gender. More than 58 percent of the total number of average monthly eligibles were female in each year. There were twice as many females in all age groups except for persons 0-17 and 60-64. Regardless of gender, the only age groups to have an increase in the number of average monthly eligibles from FY 1993-94 through FY 1997-98 were the 60-64 and 65+ age groups. The 60-64 age group increased 5.4 percent, from 96,094 to 101,295 eligibles, while the 65+ age group increased 4.5 percent, from 624,854 to 653,263 eligibles. The biggest decrease in the number of average monthly eligibles was in the 18-20 age group. Across gender there was a decrease of 10.2 percent, from 240,790 to 216,285 eligibles, with female eligibles decreasing nearly 12.9 percent, from 165,196 to 143,861. This is largely a result of the decrease due to CalWORKs implementation.

TABLE 7  
AVERAGE MONTHLY ELIGIBLES BY AGE GROUP AND GENDER  
FISCAL YEARS 1993-94 THROUGH 1997-98

	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
TOTAL (FEMALES & MALES)						
Total	5,522,318	5,620,035	5,682,443	5,595,331	5,303,854	-4.0
0-17	2,840,719	2,882,964	2,924,736	2,876,225	2,701,329	-4.9
18-20	240,790	244,830	237,950	230,577	216,285	-10.2
21-59	1,719,845	1,760,881	1,775,170	1,736,756	1,631,676	-5.1
60-64	96,094	97,148	99,399	100,300	101,295	5.4
65+	624,854	634,196	645,180	651,465	653,263	4.5
Unknown	16	17	9	7	8	
FEMALES						
Total	3,246,741	3,295,142	3,322,425	3,265,835	3,091,219	-4.8
0-17	1,401,145	1,420,063	1,440,910	1,416,331	1,329,344	-5.1
18-20	165,196	164,792	162,605	155,882	143,861	-12.9
21-59	1,202,872	1,228,705	1,231,835	1,203,884	1,128,069	-6.2
60-64	57,460	57,861	59,201	59,652	60,069	4.5
65+	420,060	423,713	427,869	430,085	429,872	2.3
Unknown	9	8	6	2	4	
MALES						
Total	2,275,572	2,324,887	2,360,013	2,329,492	2,212,632	-2.8
0-17	1,439,573	1,462,899	1,483,824	1,459,892	1,371,985	-4.7
18-20	75,594	80,038	75,345	74,696	72,424	-4.2
21-59	516,971	532,173	543,332	532,870	503,604	-2.6
60-64	38,633	39,286	40,197	40,648	41,226	6.7
65+	204,793	210,482	217,311	221,381	223,391	9.1
Unknown	7	9	4	6	4	

AVERAGE MONTHLY ELIGIBLES BY AGE GROUP AND GENDER  
FISCAL YEARS 1993-94 THROUGH 1997-98



## Clients

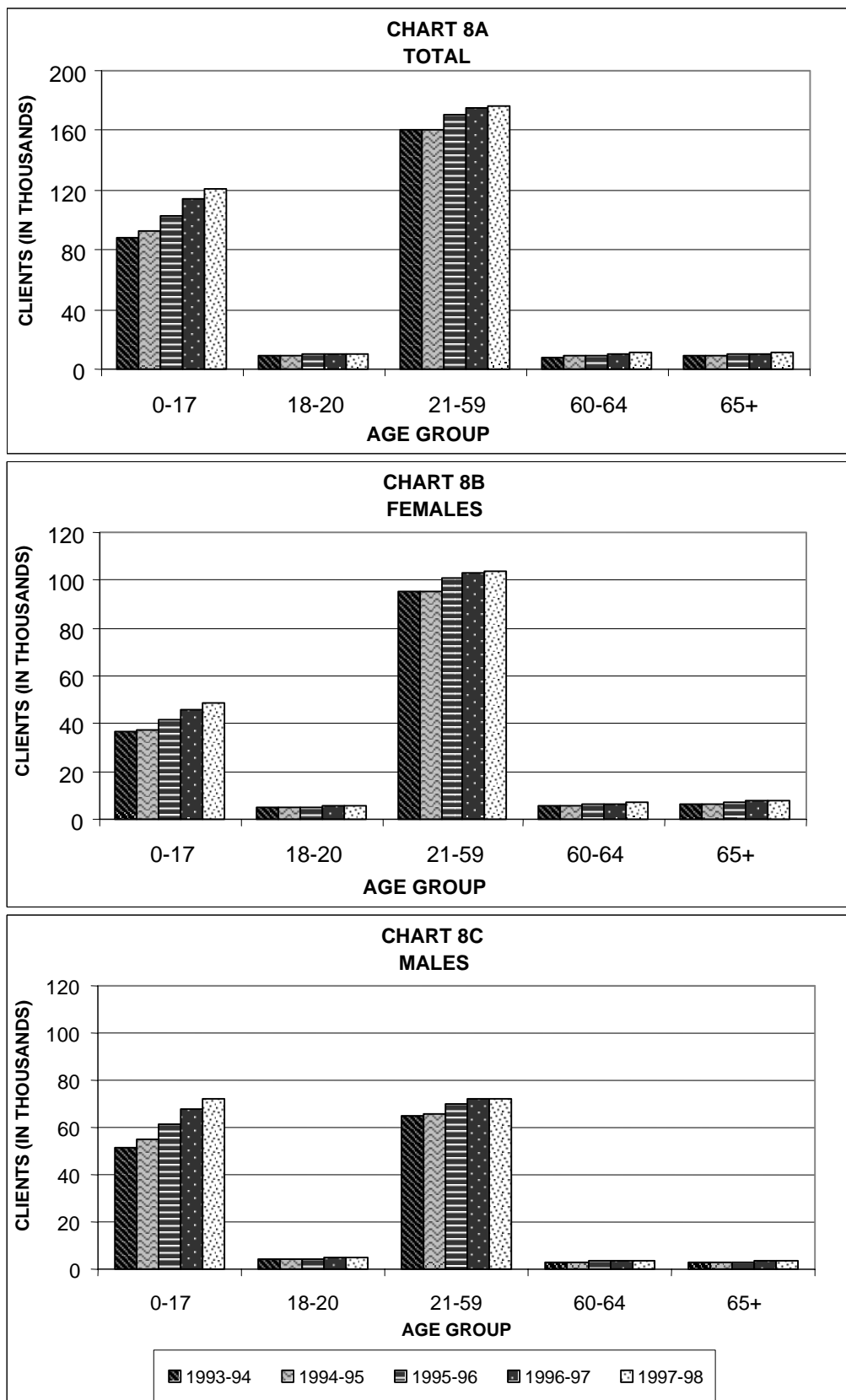
Table 8 and Charts 8A, 8B, and 8C show the number of unduplicated clients by age group and gender. From FY 1993-94 through FY 1997-98, youth in the 0-17 age group had the biggest increase in the number of unduplicated clients, increasing 36.9 percent, from 88,549 to 121,237. During the same period, the number of male clients in the 0-17 age group increased 40 percent, from 51,641 to 72,279 clients, while females in the same age group increased 32.7 percent from 36,907 to 48,958. Across all age groups, the number of male clients increased 24.2 percent compared to 15.9 percent for female clients from FY 1993-94 through FY 1997-98. The increases among youths were largely due to the implementation of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program in FY 1995-96.

TABLE 8  
UNDUPLICATED CLIENTS BY AGE GROUP AND GENDER  
FISCAL YEARS 1993-94 THROUGH 1997-98

	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
TOTAL (FEMALES & MALES)						
Total	275,159	280,129	303,272	320,265	329,455	19.7
0-17	88,549	92,333	103,060	113,823	121,237	36.9
18-20	8,764	8,997	9,618	10,232	10,613	21.1
21-59	160,673	160,985	170,709	175,505	175,780	9.4
60-64	8,421	8,692	9,578	10,061	10,943	29.9
65+	8,752	9,122	10,305	10,644	10,875	24.3
Unknown			2		7	
FEMALES						
Total	148,870	149,719	160,768	168,341	172,555	15.9
0-17	36,907	37,436	41,351	45,885	48,958	32.7
18-20	4,792	4,829	4,982	5,338	5,445	13.6
21-59	95,366	95,281	101,044	103,094	103,558	8.6
60-64	5,562	5,723	6,256	6,600	7,057	26.9
65+	6,243	6,450	7,133	7,424	7,535	20.7
Unknown			2		2	
MALES						
Total	126,285	130,404	142,501	151,921	156,900	24.2
0-17	51,641	54,895	61,708	67,937	72,279	40.0
18-20	3,971	4,168	4,636	4,894	5,168	30.1
21-59	65,306	65,701	69,664	72,409	72,222	10.6
60-64	2,859	2,969	3,322	3,461	3,886	35.9
65+	2,508	2,671	3,171	3,220	3,340	33.2
Unknown					5	



UNDULICATED CLIENTS BY AGE GROUP AND GENDER  
FISCAL YEARS 1993-94 THROUGH 1997-98



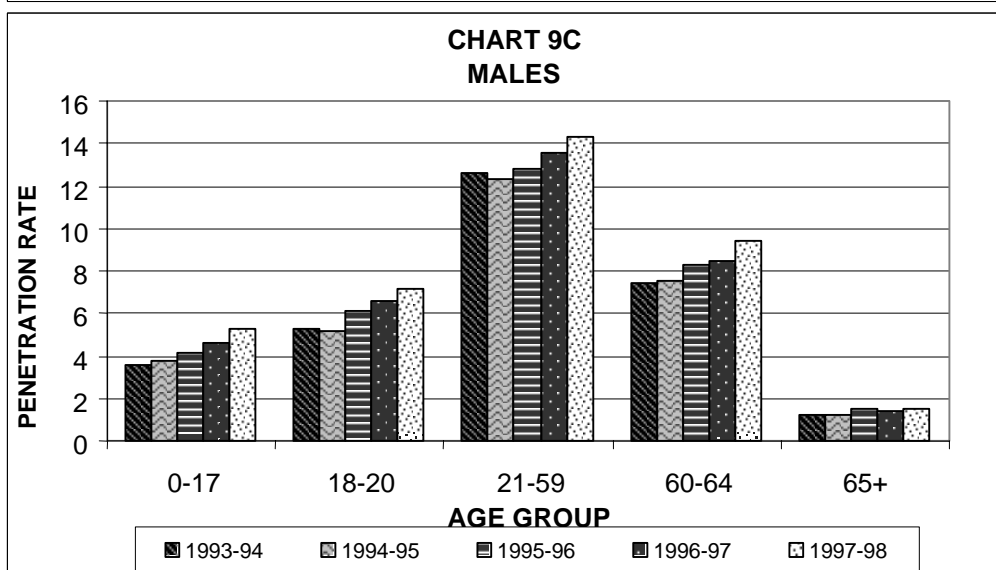
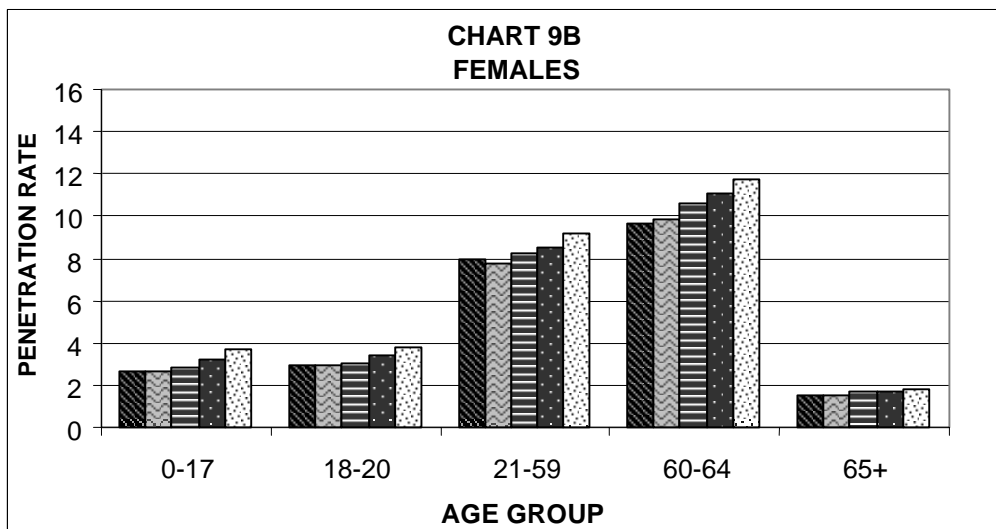
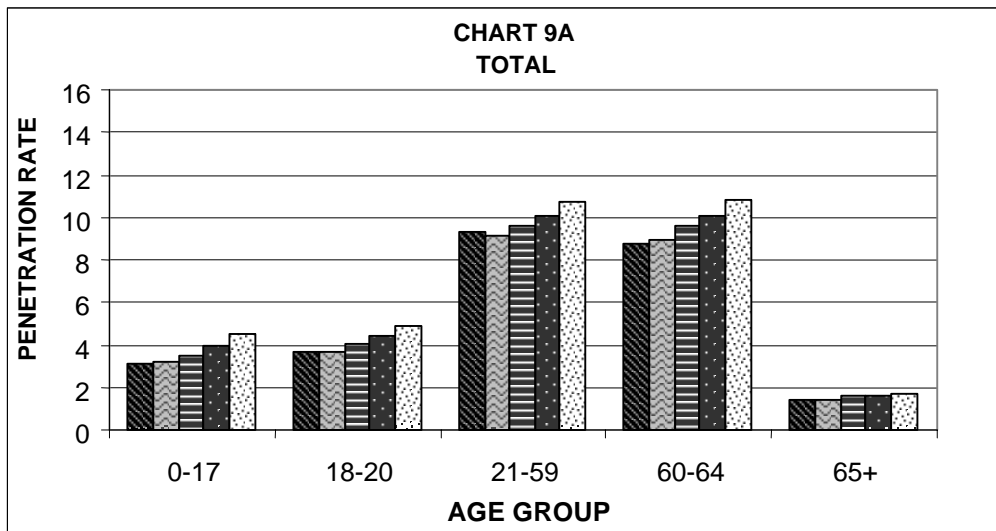
## Penetration Rate

Table 9 and Charts 9A, 9B, and 9C show the percent of eligibles receiving Medi-Cal mental health services by age group and gender. Consistent with the growth in clients shown in Table 8, the penetration rate for youth in the 0-17 and 18-20 age groups had the biggest increases from FY 1993-94 through FY 1997-98, regardless of gender. The penetration rate for the 0-17 age group went from 3.12 percent to 4.49 percent, a 43.9 percent increase over the five years, while the 18-20 age group went from 3.64 percent to 4.91 percent, an increase of 34.9 percent during the same period. Across gender, the highest penetration rates were in the 21-59 and 60-64 age groups. In FY 1997-98 those age groups had penetration rates of 10.77 percent and 10.80 percent, respectively. In FY 1997-98, females had the highest penetration rate in the 60-64 age group at 11.75 percent, while males had the highest penetration rate in the 21-59 age group at 14.34 percent. Overall, males had a higher penetration rate than the females, and by age group, males had higher rates for all age groups from 0-59, while females had higher rates at age 60 and over.

TABLE 9  
PERCENT OF ELIGIBLES RECEIVING MENTAL HEALTH SERVICES  
BY AGE GROUP AND GENDER  
FISCAL YEARS 1993-94 THROUGH 1997-98

	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
TOTAL (FEMALES & MALES)						
Total	4.98	4.98	5.34	5.72	6.21	24.7
0-17	3.12	3.20	3.52	3.96	4.49	43.9
18-20	3.64	3.68	4.04	4.44	4.91	34.9
21-59	9.34	9.14	9.62	10.11	10.77	15.3
60-64	8.76	8.95	9.64	10.03	10.80	23.3
65+	1.40	1.44	1.60	1.63	1.67	18.6
FEMALES						
Total	4.58	4.54	4.84	5.16	5.58	21.6
0-17	2.63	2.64	2.87	3.24	3.68	39.9
18-20	2.90	2.93	3.06	3.42	3.79	30.3
21-59	7.93	7.76	8.20	8.56	9.18	15.8
60-64	9.68	9.89	10.57	11.06	11.75	21.4
65+	1.49	1.52	1.67	1.73	1.75	17.4
MALES						
Total	5.55	5.61	6.04	6.52	7.09	27.8
0-17	3.59	3.75	4.16	4.65	5.27	46.8
18-20	5.25	5.21	6.15	6.55	7.14	36.0
21-59	12.63	12.35	12.82	13.59	14.34	13.5
60-64	7.40	7.56	8.26	8.52	9.43	27.4
65+	1.23	1.27	1.46	1.46	1.50	23.0

PERCENT OF ELIGIBLES RECEIVING MENTAL HEALTH SERVICES  
BY AGE GROUP AND GENDER, FISCAL YEARS 1993-94 THROUGH 1997-98



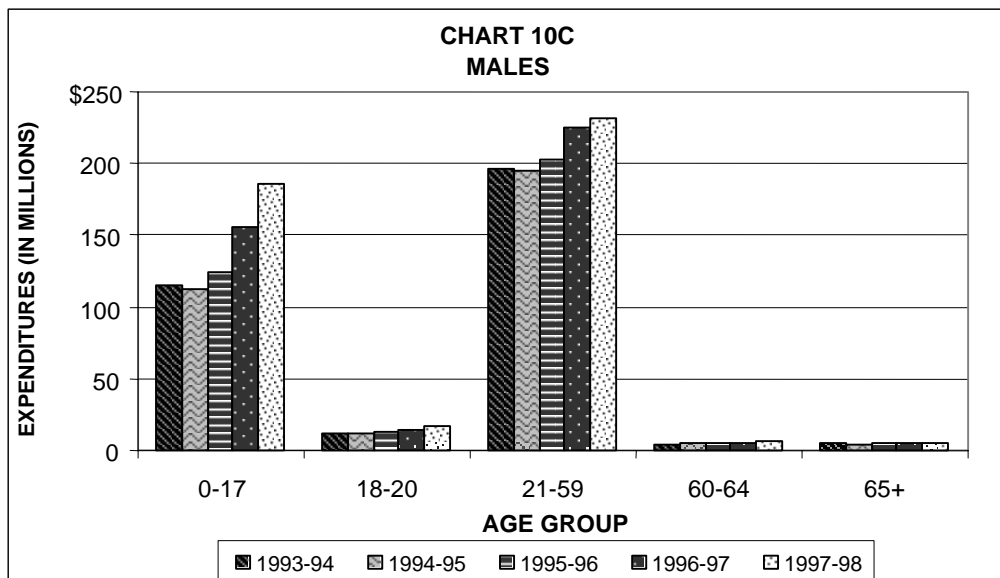
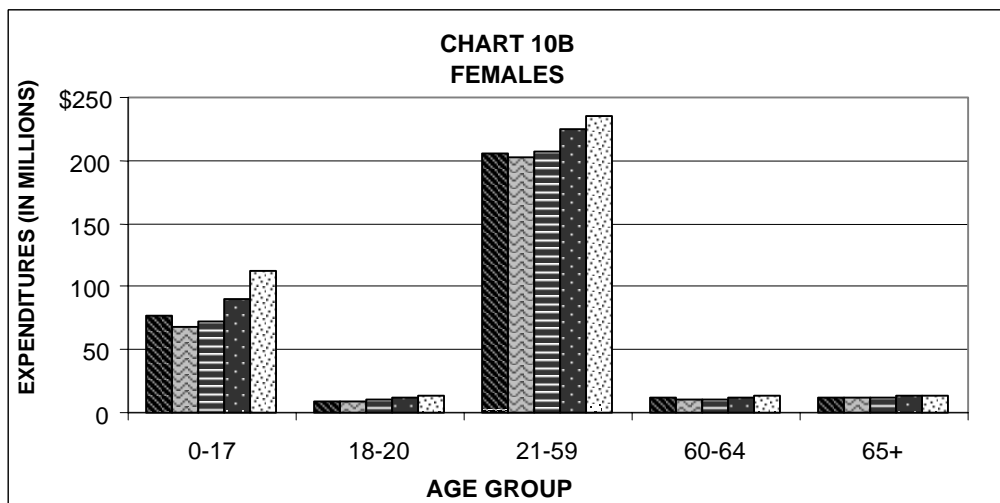
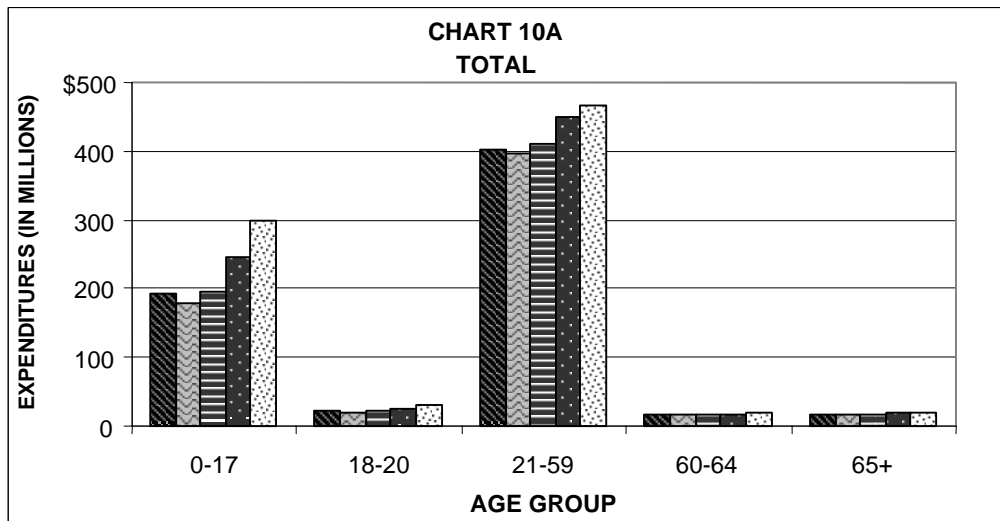
## Expenditures

Table 10 and Charts 10A, 10B, and 10C show the expenditures for Medi-Cal mental health services by age group and gender. Although there are more female clients than males, the mental health service expenditures have typically been higher for males. Across all age groups, Medi-Cal mental health service expenditures for male clients were \$447 million in FY 1997-98. This was a 34.1 percent increase from FY 1993-94 through FY 1997-98. More than \$387 million were expended for mental health services for female clients in FY 1997-98, a 22.8 percent increase over the five years. Regardless of gender, the biggest increase in mental health expenditures from FY 1993-94 through FY 1997-98 was for the 0-17 age group, which increased 56.1 percent, from \$192 million to \$299 million. One trend that is consistent across these data is that the bulk of the increases in expenditures took place in FY 1995-96 through FY 1997-98. These increases were largely due to the implementation of EPSDT.

TABLE 10  
EXPENDITURES BY AGE GROUP AND GENDER  
FISCAL YEARS 1993-94 THROUGH 1997-98

	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
TOTAL (FEMALES & MALES)						
Total	\$648,774,995	\$630,283,091	\$662,863,236	\$758,205,281	\$834,148,885	28.6
0-17	191,507,848	179,859,266	196,572,965	246,263,938	298,899,490	56.1
18-20	21,630,689	20,940,824	22,406,820	25,236,985	29,610,046	36.9
21-59	402,324,235	397,470,950	410,289,755	450,386,038	466,956,219	16.1
60-64	15,733,542	15,567,883	16,217,729	17,142,799	19,585,859	24.5
65+	17,578,681	16,444,168	17,375,532	19,175,521	19,095,192	8.6
Unknown			436		2,078	
FEMALES						
Total	\$315,396,661	\$301,354,280	\$312,738,538	\$352,531,857	\$387,236,415	22.8
0-17	76,480,881	67,776,481	72,317,462	90,806,436	112,701,997	47.4
18-20	9,298,186	8,809,942	9,696,118	11,159,750	12,665,194	36.2
21-59	205,898,594	202,237,375	207,331,883	225,187,939	235,417,409	14.3
60-64	11,182,735	10,583,820	10,819,295	11,551,996	12,685,030	13.4
65+	12,536,265	11,946,663	12,573,345	13,825,737	13,765,901	9.8
Unknown			436		883	
MALES						
Total	\$333,375,584	\$328,918,348	\$350,121,709	\$405,668,581	\$446,912,470	34.1
0-17	115,026,793	112,076,057	124,253,396	155,456,827	186,197,493	61.9
18-20	12,332,410	12,130,882	12,710,702	14,077,235	16,944,853	37.4
21-59	196,423,703	195,230,104	202,957,489	225,193,932	231,538,810	17.9
60-64	4,550,807	4,984,063	5,398,434	5,590,804	6,900,829	51.6
65+	5,041,870	4,497,242	4,801,688	5,349,783	5,329,291	5.7
Unknown					1,195	

EXPENDITURES BY AGE GROUP AND GENDER  
FISCAL YEARS 1993-94 THROUGH 1997-98



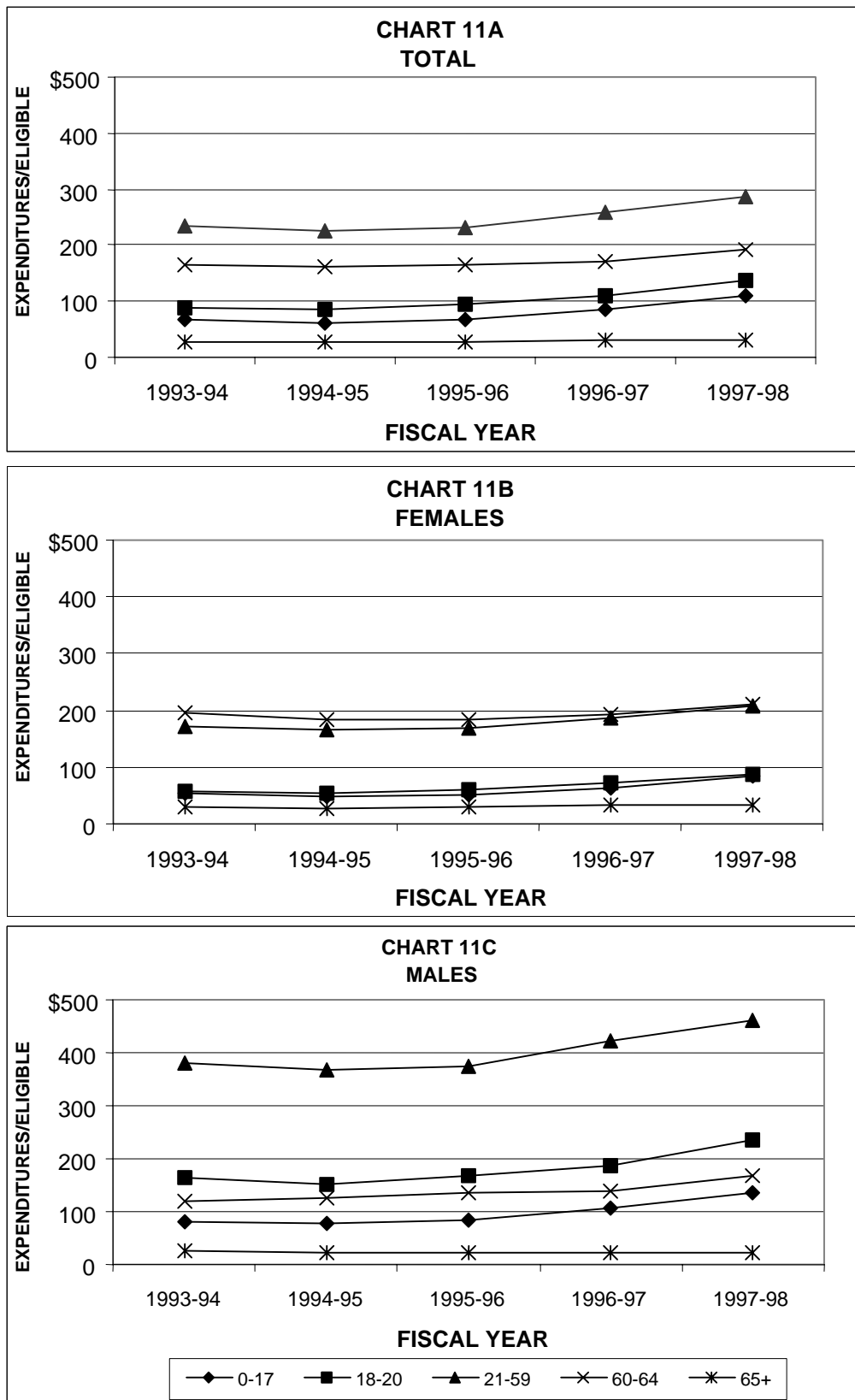
## Expenditures per Eligible

Table 11 and Charts 11A, 11B, and 11C show the expenditures per average monthly eligible by age group and gender. From FY 1993-94 through FY 1997-98, the expenditures per average monthly eligible for females and males together increased 64.1 percent (from \$67 per eligible to \$111 per eligible) in the 0-17 age group and 52.4 percent (from \$90 per eligible to \$137 per eligible) in the 18-20 age group. As with the expenditure data, the increases in expenditures per eligible can largely be attributed to EPSDT. One noticeable difference between males and females is that expenditures per eligible tend to peak earlier for males, in the 21-59 age group, while for females, expenditures per eligible peak in the 60-64 age group. The expenditures per eligible are higher for males than females in every age group except the 60-64 and 65 and over age group. In addition, the expenditures per eligible for males grew at a faster rate than females, 37.9 percent to 29 percent respectively, across the five-year period. This was even the case for the 60-64 age group, as the expenditures per eligible increased 42.1 percent for males and only 8.5 percent for females.

TABLE 11  
EXPENDITURES PER AVERAGE MONTHLY ELIGIBLE  
BY AGE GROUP AND GENDER  
FISCAL YEARS 1993-94 THROUGH 1997-98

	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
TOTAL (FEMALES & MALES)						
Total	\$117.48	\$112.15	\$116.65	\$135.51	\$157.27	33.9
0-17	67.42	62.39	67.21	85.62	110.65	64.1
18-20	89.83	85.53	94.17	109.45	136.90	52.4
21-59	233.93	225.72	231.13	259.33	286.18	22.3
60-64	163.73	160.25	163.16	170.92	193.35	18.1
65+	28.13	25.93	26.93	29.43	29.23	3.9
FEMALES						
Total	\$97.14	\$91.45	\$94.13	\$107.95	\$125.27	29.0
0-17	54.58	47.73	50.19	64.11	84.78	55.3
18-20	56.29	53.46	59.63	71.59	88.04	56.4
21-59	171.17	164.59	168.31	187.05	208.69	21.9
60-64	194.62	182.92	182.76	193.66	211.17	8.5
65+	29.84	28.20	29.39	32.15	32.02	7.3
MALES						
Total	\$146.50	\$141.48	\$148.36	\$174.14	\$201.98	37.9
0-17	79.90	76.61	83.74	106.49	135.71	69.8
18-20	163.14	151.56	168.70	188.46	233.97	43.4
21-59	379.95	366.85	373.54	422.61	459.76	21.0
60-64	117.80	126.87	134.30	137.54	167.39	42.1
65+	24.62	21.37	22.10	24.17	23.86	-3.1

EXPENDITURES PER AVERAGE MONTHLY ELIGIBLE  
BY AGE GROUP AND GENDER, FISCAL YEARS 1993-94 THROUGH 1997-98



## Expenditures per Client

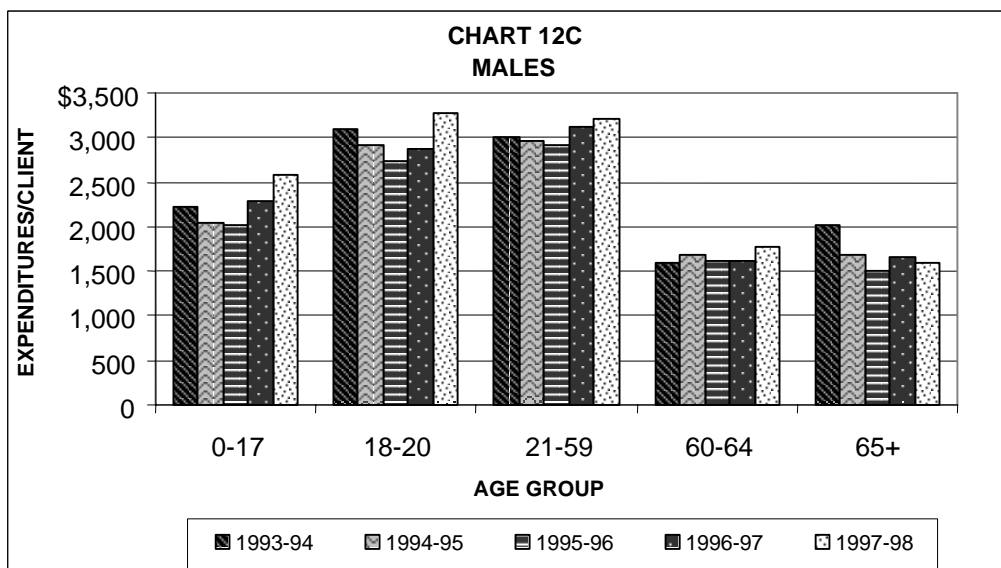
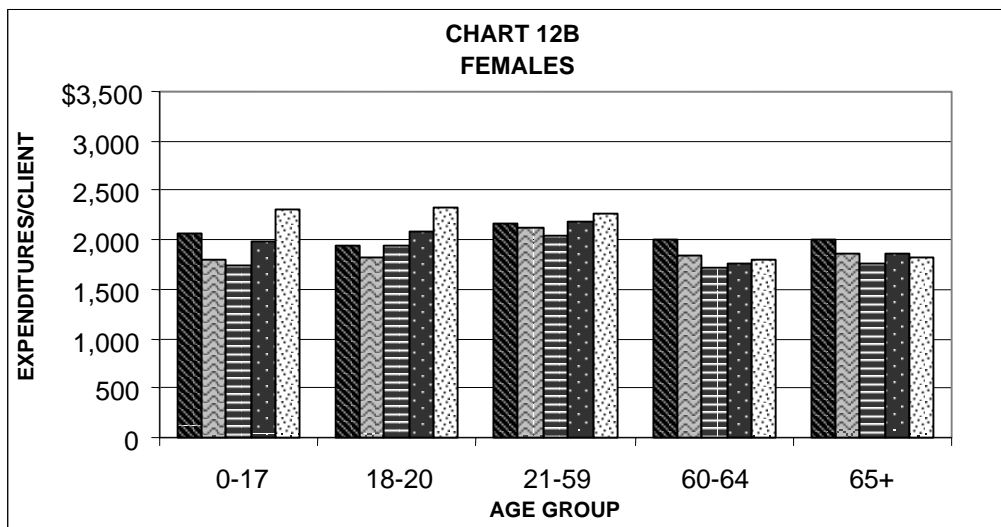
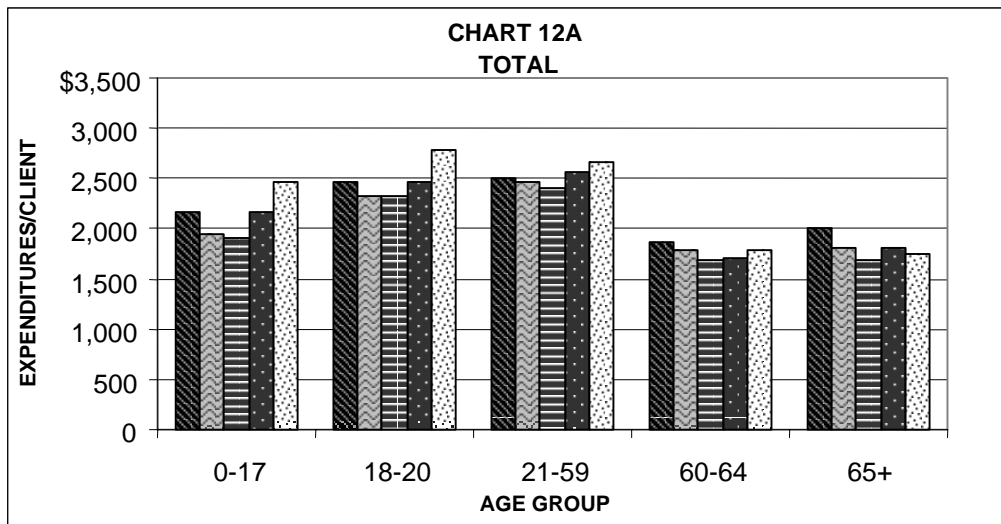
Table 12 and Charts 12A, 12B, and 12C show the expenditures per unduplicated client by age group and gender. The expenditures per unduplicated client increased at a more moderate rate than the expenditures per eligible, and there is less variability than in the expenditures per eligible. The biggest increases, regardless of gender, continued to be in the 0-17 and the 18-20 age groups, which increased 14 percent (\$2,163 to \$2,465 per client) and 13 percent (\$2,468 to \$2,790 per client) from FY 1993-94 through FY 1997-98. Over the five-year period, the highest rates of expenditures per client were for males in the 18-20 and 21-59 age groups. From FY 1993-94 through FY 1997-98, expenditures per client for males in the 18-20 age group increased from \$3,106 to \$3,279 per client, and for males in the 21-59 age group, the rate increased from \$3,008 to \$3,206 per client. Across gender, the expenditures per client tended to decrease with age. The expenditures per client decreased 4.2 percent, from \$1,868 to \$1,790 per client, between FY 1993-94 and FY 1997-98 for those in the 60-64 age group. The expenditures per client for those in the 65+ age group decreased 12.6 percent during the same period, from \$2,009 to \$1,756 per client.

TABLE 12  
EXPENDITURES PER UNDUPLICATED CLIENT  
BY AGE GROUP AND GENDER  
FISCAL YEARS 1993-94 THROUGH 1997-98

	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
TOTAL (FEMALES & MALES)						
Total	\$2,357.82	\$2,249.97	\$2,185.71	\$2,367.43	\$2,531.91	7.4
0-17	2,162.73	1,947.94	1,907.36	2,163.57	2,465.41	14.0
18-20	2,468.13	2,327.53	2,329.68	2,466.48	2,789.98	13.0
21-59	2,503.99	2,468.99	2,403.45	2,566.23	2,656.48	6.1
60-64	1,868.37	1,791.06	1,693.23	1,703.89	1,789.81	-4.2
65+	2,008.53	1,802.69	1,686.13	1,801.53	1,755.88	-12.6
FEMALES						
Total	\$2,118.60	\$2,012.80	\$1,945.28	\$2,094.15	\$2,244.13	5.9
0-17	2,072.26	1,810.46	1,748.87	1,979.00	2,302.01	11.1
18-20	1,940.36	1,824.38	1,946.23	2,090.62	2,326.02	19.9
21-59	2,159.04	2,122.54	2,051.90	2,184.30	2,273.29	5.3
60-64	2,010.56	1,849.35	1,729.43	1,750.30	1,797.51	-10.6
65+	2,008.05	1,852.20	1,762.70	1,862.30	1,826.93	-9.0
MALES						
Total	\$2,639.87	\$2,522.30	\$2,456.98	\$2,670.26	\$2,848.39	7.9
0-17	2,227.43	2,041.64	2,013.57	2,288.25	2,576.09	15.7
18-20	3,105.62	2,910.48	2,741.74	2,876.43	3,278.80	5.6
21-59	3,007.74	2,971.49	2,913.38	3,110.03	3,205.93	6.6
60-64	1,591.75	1,678.70	1,625.06	1,615.37	1,775.82	11.6
65+	2,010.31	1,683.73	1,514.25	1,661.42	1,595.60	-20.6



EXPENDITURES PER UNDUPLICATED CLIENT BY AGE GROUP AND GENDER  
FISCAL YEARS 1993-94 THROUGH 1997-98



### Summary by Age Group and Gender

Overall and by gender there were decreases in the number of eligibles in the 0-17, 18-20, and 21-59 age groups due to CalWORKs, while there were increases in eligibles in the 60-64 and 65+ age groups. Although there were increases in all age groups in the number of unduplicated clients, the highest increase overall was in the 0-17 age group. This is largely due to implementation of the EPSDT program in FY 1995-96. Although the number of female clients still outnumbered male clients, the males increased at a higher rate than females in every age group. With regard to penetration rate, males had their highest rate in the 21-59 age group, while females had their highest rate in the 60-64 age group. Generally, the expenditures for mental health services increased at a higher rate for males than for females.

## Race/Ethnicity

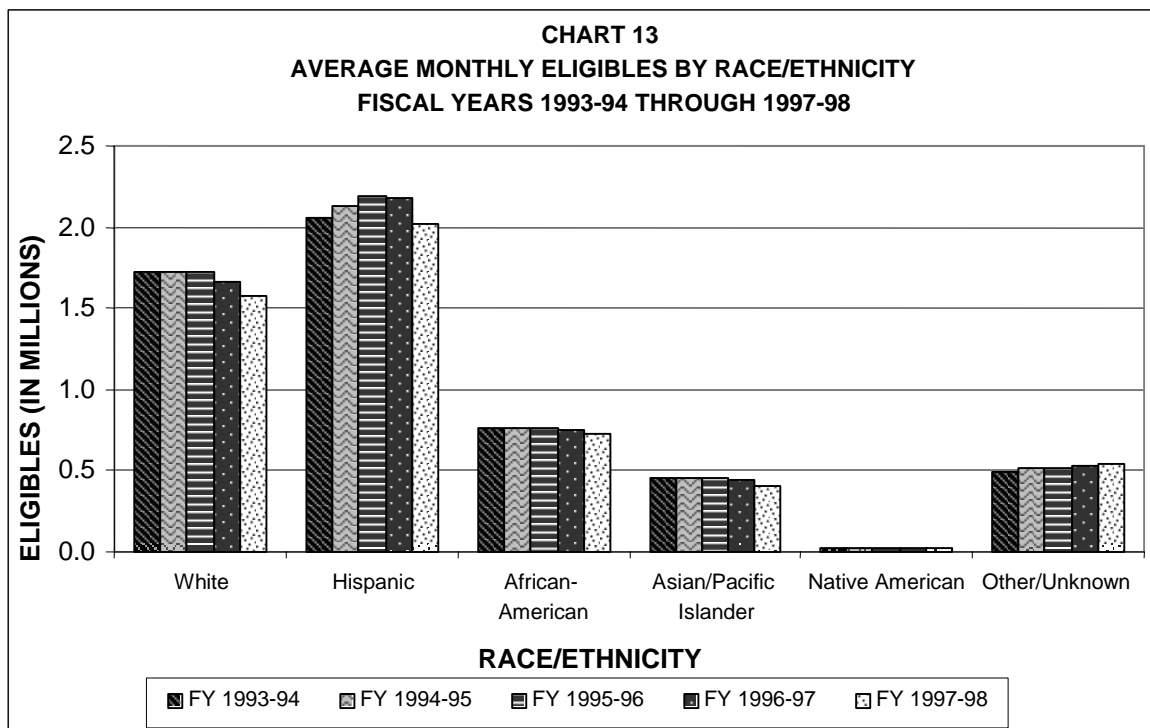
As California's population has become increasingly diverse including many different cultures, it has been necessary for counties to develop culturally competent mental health services. Accurate data based on race/ethnic group are helpful in determining whether the needs of all groups are being met. Six race/ethnic groups are included in this report: White, Hispanic, African-American, Asian/Pacific Islander, Native American, and Other/Unknown. However, the data for persons who are in the Supplemental Security Income (SSI) program, including persons who are disabled, are reported by the federal program which has fewer categories for reporting race/ethnicity. Consequently, this has led to a high percentage of people being classified in the Other/Unknown category when they should have been classified elsewhere. Therefore, all data regarding race/ethnicity should be interpreted cautiously.

### Eligibles

Table 13 and Chart 13 show the number of average monthly eligibles by race/ethnic group. There were more than 2 million Hispanics who were eligible for Medi-Cal mental health services in FY 1997-98, which accounted for 38 percent of all eligibles. In the same fiscal year, 30 percent of the total number of eligibles were White, 14 percent were African-American, 8 percent were Asian/Pacific Islander, and 1 percent were Native American. The absolute number of eligibles decreased in all groups except for the Other/Unknown category. This is due to the increase in SSI eligibles where there is a high proportion of people reported as Other/Unknown.

TABLE 13  
AVERAGE MONTHLY ELIGIBLES BY RACE/ETHNICITY  
FISCAL YEARS 1993-94 THROUGH 1997-98

Race/Ethnicity	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	5,522,318	5,620,035	5,682,443	5,595,331	5,303,854	-4.0
White	1,724,913	1,719,578	1,720,314	1,667,736	1,580,660	-8.4
Hispanic	2,062,131	2,132,174	2,197,886	2,180,252	2,023,114	-1.9
African-American	758,237	764,269	760,189	748,864	721,445	-4.9
Asian/Pacific Islander	455,352	459,584	456,546	441,636	408,204	-10.4
Native American	26,319	28,249	27,257	26,749	25,069	-4.7
Other/Unknown	495,368	516,181	520,251	530,095	545,362	10.1

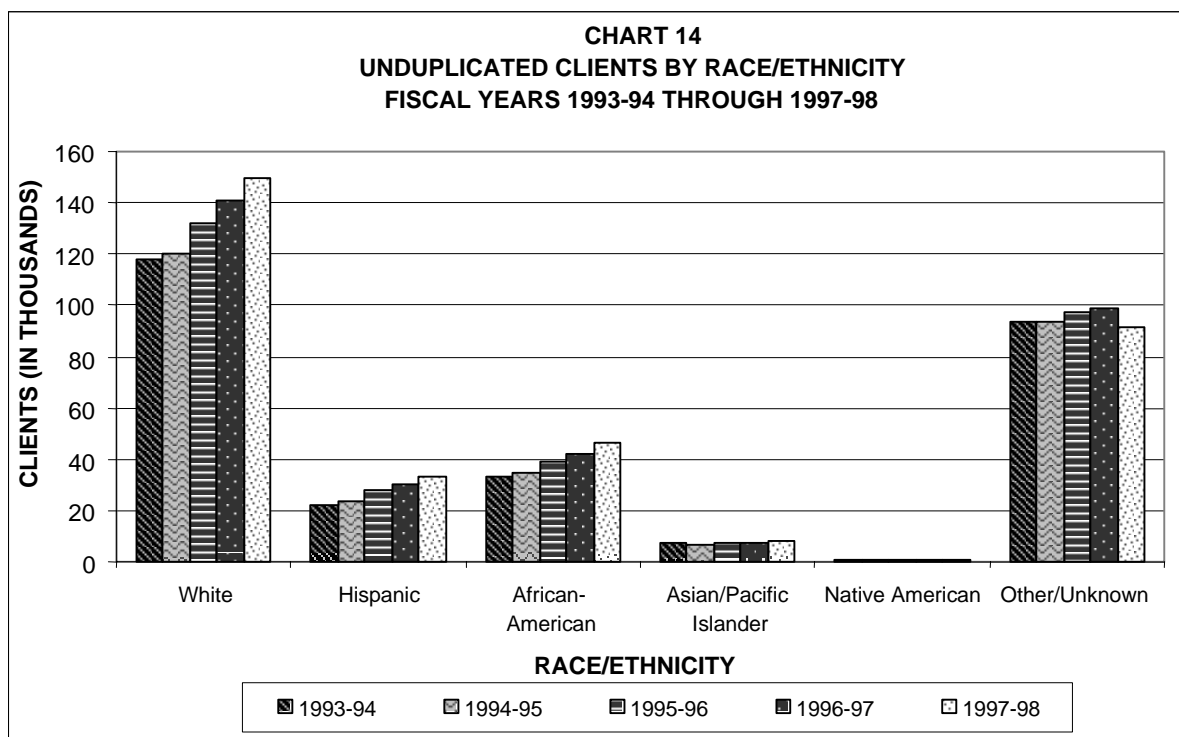


## Clients

Table 14 and Chart 14 show the number of unduplicated clients by race/ethnic group. From FY 1993-94 through FY 1997-98 the largest number of unduplicated clients was White, accounting for more than 40 percent of the total number of clients in each fiscal year. Although, the 78.4 percent increase in the number of Native American clients from FY 1993-94 through FY 1997-98 was the biggest increase of the six race/ethnic groups, this population accounted for less than 0.5 percent of the total number of clients. The next biggest increase over the five-year period was in the number of Hispanic clients, which increased 50.3 percent, followed by a 39.5 percent increase in the number of African-American clients. The number of White clients increased 26.7 percent, while the number of Asian/Pacific Islander clients increased 7.7 percent during the same period. One trend that is relevant, considering the limited race/ethnicity classification options, is that the number of clients in the Other/Unknown group decreased 2.7 percent from FY 1993-94 through 1997-98, while the percent of this group to the total number of clients decreased 6.3 percent during the same period.

TABLE 14  
UNDUPLICATED CLIENTS BY RACE/ETHNICITY  
FISCAL YEARS 1993-94 THROUGH 1997-98

Race/Ethnicity	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	275,159	280,129	303,272	320,265	329,455	19.7
White	118,176	120,301	131,660	141,066	149,709	26.7
Hispanic	22,118	23,770	27,796	30,161	33,250	50.3
African-American	33,206	34,634	38,710	42,295	46,309	39.5
Asian/Pacific Islander	7,385	6,790	7,042	7,245	7,953	7.7
Native American	610	705	796	871	1,088	78.4
Other/Unknown	93,664	93,929	97,268	98,627	91,146	-2.7



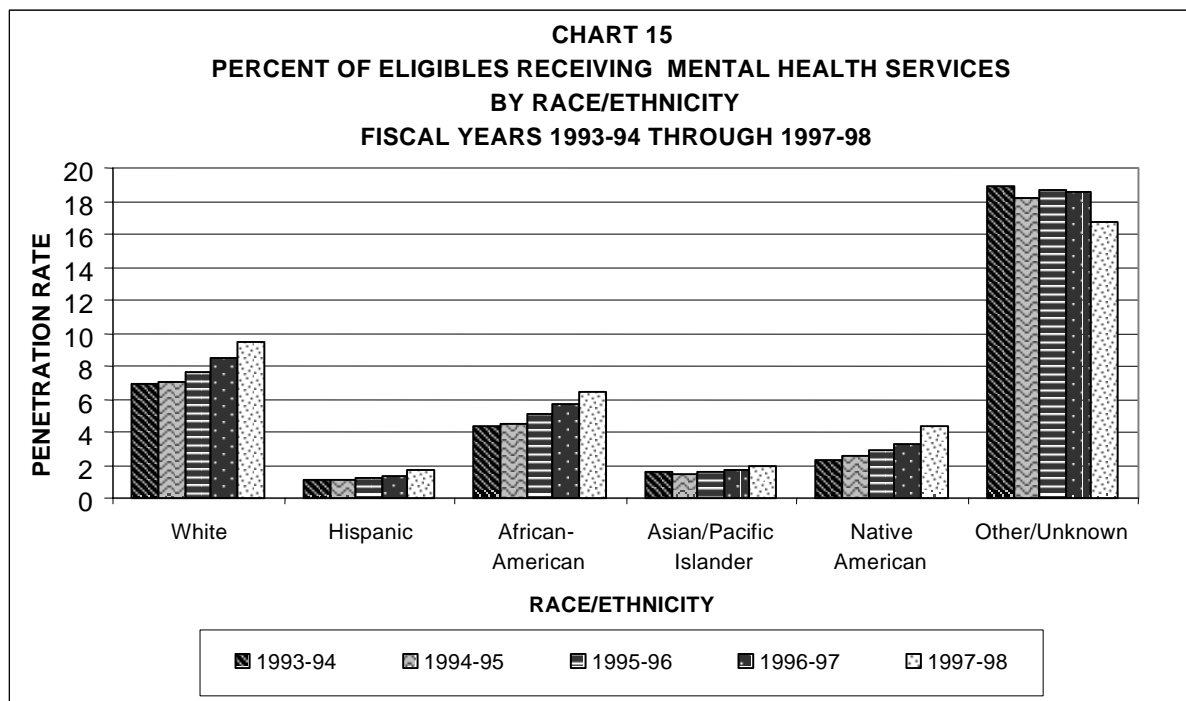
### Penetration Rate

Table 15 and Chart 15 show the percent of eligibles receiving mental health services by race/ethnicity. The percent of eligibles receiving mental health services by race/ethnicity seems to be particularly sensitive to changes in the Other/Unknown group. As the quality of the data has improved through better coding and data matching techniques, the number of clients in the Other/Unknown race/ethnic group have decreased, while each of the other race/ethnic groups have increased. It is presumed that at least some of these increases are clients being classified in the correct race/ethnic group. In addition, when these increases in the number of clients are coupled with the decreases in the number of eligibles, the penetration rate will be driven up. From FY 1993-94 through FY 1997-98, the percent of eligibles receiving services

for Native Americans increased 87.2 percent, from 2.32 percent to 4.34 percent. The percent of Hispanic eligibles receiving services increased 53.2 percent, from 1.07 percent to 1.64 percent, although the penetration rate for Hispanics is still the lowest of any group. The percent of African-American eligibles receiving services increased 46.6 percent, from 4.38 percent to 6.42 percent. The percent of White eligibles who received services increased 38.2 percent, from 6.85 percent to 9.47 percent. The percent of Asian/Pacific Islander eligibles receiving services increased 20.1 percent, from 1.62 percent to 1.95 percent over the five years.

TABLE 15  
PERCENT OF ELIGIBLES RECEIVING MENTAL HEALTH SERVICES  
BY RACE/ETHNICITY  
FISCAL YEARS 1993-94 THROUGH 1997-98

Race/Ethnicity	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	4.98	4.98	5.34	5.72	6.21	24.7
White	6.85	7.00	7.65	8.46	9.47	38.2
Hispanic	1.07	1.12	1.27	1.38	1.64	53.2
African-American	4.38	4.53	5.09	5.65	6.42	46.6
Asian/Pacific Islander	1.62	1.48	1.54	1.64	1.95	20.1
Native American	2.32	2.50	2.92	3.26	4.34	87.2
Other/Unknown	18.91	18.20	18.70	18.61	16.71	-11.6

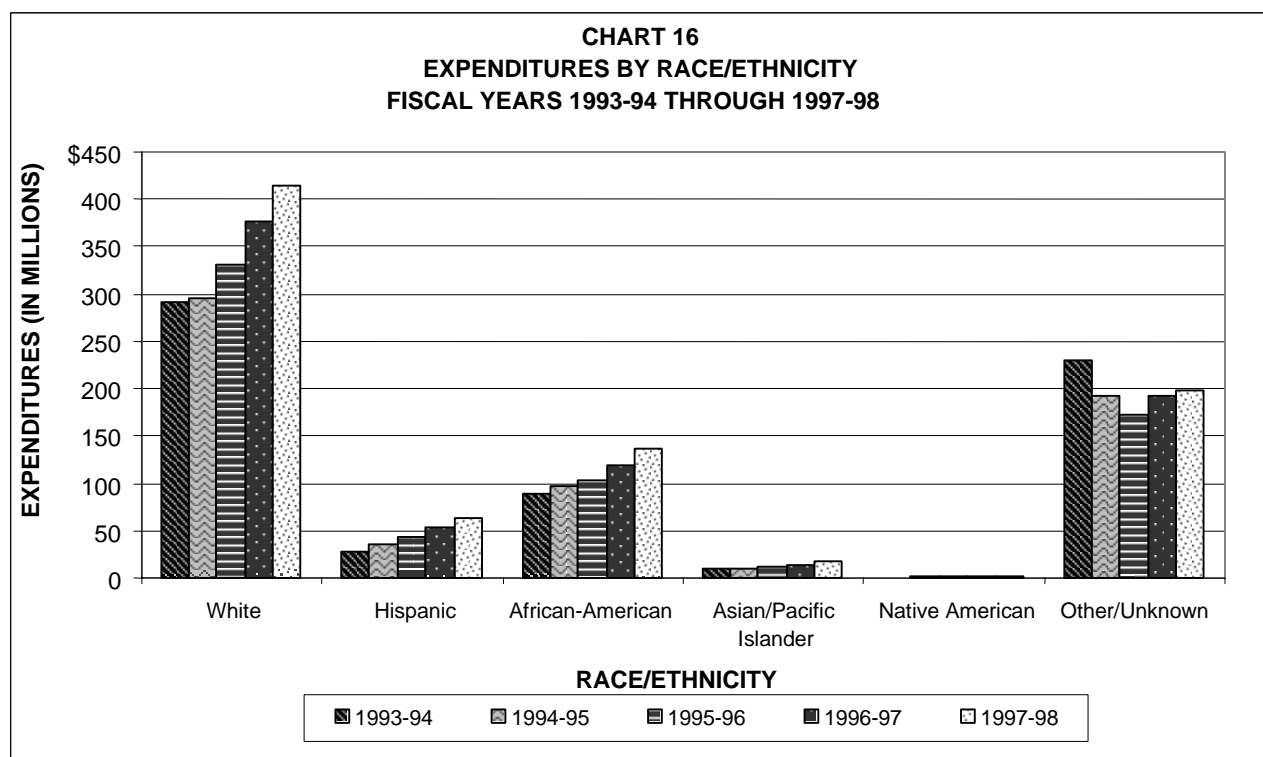


## Expenditures

Table 16 and Chart 16 show the expenditures for Medi-Cal mental health services by race/ethnic group. The expenditures for Medi-Cal mental health services for Whites, Hispanics, African-Americans, Asian/Pacific Islanders, and Native Americans all increased from FY 1993-94 through FY 1997-98. In FY 1997-98, the expenditures for services for Whites accounted for nearly 50 percent of the total expenditures. Expenditures for services for African-Americans were the next highest at 16.5 percent of the total expenditures, while expenditures for services for Hispanics accounted for 7.6 percent of the total. Expenditures for services for Asian/Pacific Islanders accounted for 2.1 percent of the total expenditures. The biggest increase in expenditures over the five-year period was for Native Americans at 250.1 percent, increasing from \$684,410 to nearly \$2.4 million. However, these expenditures only account for between 0.1 percent and 0.3 percent of the total expenditures of mental health services, the lowest amount for any group. Expenditures for services for Hispanics had the next highest increase at 123.9 percent, increasing from \$28.5 million to \$63.7 million. The expenditures for services for Asian/Pacific Islanders increased 79.2 percent, from \$9.7 to \$17.5 million, while the expenditures for services for African-Americans increased 53.9 percent, from \$89 million to \$138 million. The expenditures for services for Whites, although the highest of any of the groups, increased only 42.7 percent for the five years, from \$291 million to \$415 million. From FY 1993-94 through FY 1997-98, a significant portion of the total expenditures was still being used for services for those in the Other/Unknown race/ethnic group, with 35.4 percent of the total expenditures in FY 1993-94 and 23.7 percent of the total in FY 1997-98. These expenditures decreased nearly 13.8 percent during that period, from \$230 million to \$198 million, although there was an increasing trend for the last two years. However, these changes could be due to improved reporting of race/ethnicity in other categories. (Please see the note at the beginning of this section regarding reporting problems.)

TABLE 16  
EXPENDITURES BY RACE/ETHNICITY  
FISCAL YEARS 1993-94 THROUGH 1997-98

Race/Ethnicity	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	\$648,774,995	\$630,283,091	\$662,863,236	\$758,205,281	\$834,148,885	28.6
White	290,952,670	294,731,351	330,168,685	377,348,492	415,232,195	42.7
Hispanic	28,467,287	34,900,568	42,770,952	53,482,609	63,746,045	123.9
African-American	89,350,351	97,192,738	103,468,111	119,875,224	137,520,766	53.9
Asian/Pacific Islander	9,743,651	10,049,374	12,235,178	13,966,109	17,456,403	79.2
Native American	684,410	1,023,939	1,292,347	1,693,993	2,396,274	250.1
Other/Unknown	229,576,625	192,385,121	172,927,962	191,838,855	197,797,202	-13.8



### Expenditures per Eligible

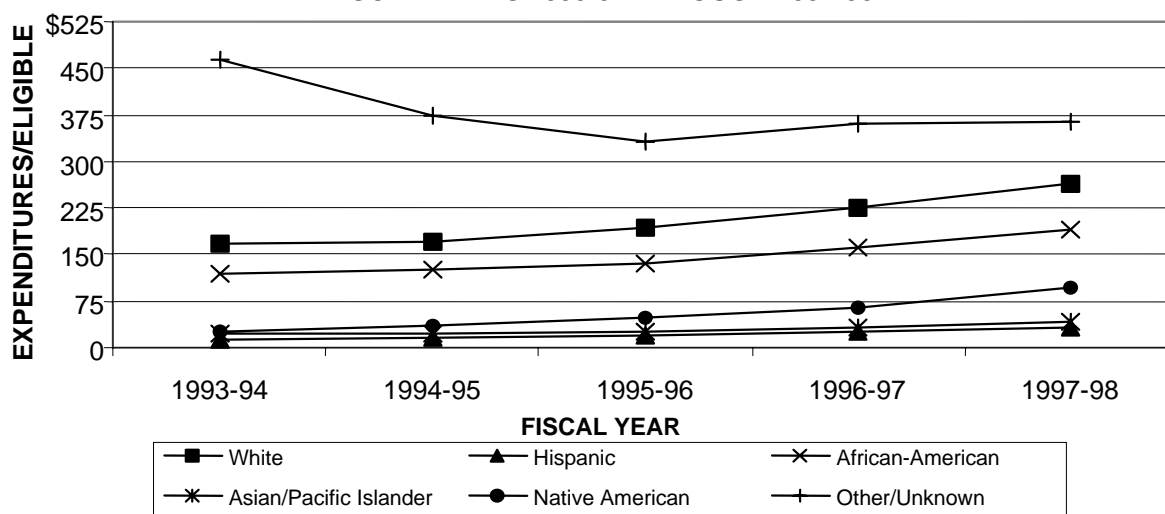
Table 17 and Chart 17 show the expenditures per average monthly eligible by race/ethnicity. The five-year trends for the expenditures per average monthly eligible for the five race/ethnic groups, excluding Other/Unknown, are similar to what was seen with the expenditure data. The largest increase in expenditures per eligible was for Native Americans at 267.7 percent, increasing from \$26.00 per eligible to \$95.59 per eligible. The next highest increase was for Hispanics with an increase of 128.3 percent, from \$13.80 per eligible to \$31.51 per eligible. The expenditures per eligible for Asian/Pacific Islanders increased nearly 99.8 percent, from \$21.40 per eligible to \$42.76 per eligible, while the expenditures per eligible for African-Americans increased 61.8 percent from \$117.84 per eligible to \$190.62 per eligible. The expenditures per eligible for Whites increased 55.7 percent, from \$168.68 per eligible to \$262.70 per eligible.



TABLE 17  
EXPENDITURES PER AVERAGE MONTHLY ELIGIBLE  
BY RACE/ETHNICITY  
FISCAL YEARS 1993-94 THROUGH 1997-98

Race/Ethnicity	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	\$117.48	\$112.15	\$116.65	\$135.51	\$157.27	33.9
White	168.68	171.40	191.92	226.26	262.70	55.7
Hispanic	13.80	16.37	19.46	24.53	31.51	128.3
African-American	117.84	127.17	136.11	160.08	190.62	61.8
Asian/Pacific Islander	21.40	21.87	26.80	31.62	42.76	99.8
Native American	26.00	36.25	47.41	63.33	95.59	267.7
Other/Unknown	463.45	372.71	332.39	361.90	362.69	-21.7

CHART 17  
EXPENDITURES PER AVERAGE MONTHLY ELIGIBLE  
BY RACE/ETHNICITY  
FISCAL YEARS 1993-94 THROUGH 1997-98



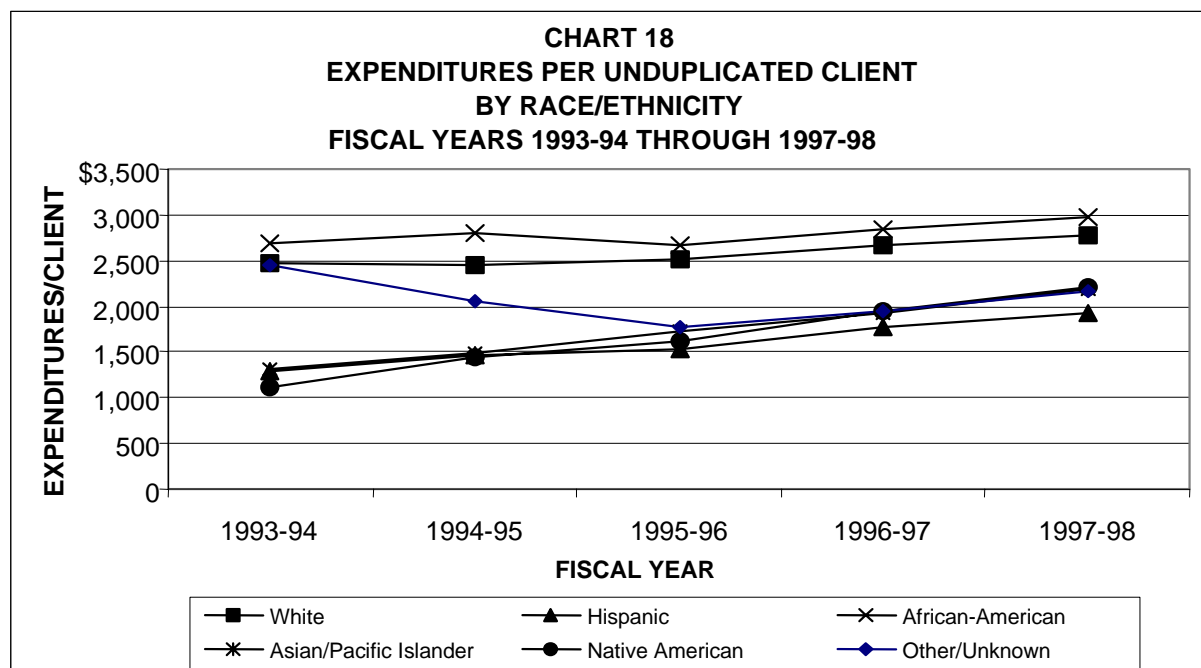
### Expenditures per Client

Table 18 and Chart 18 show the expenditures per unduplicated client by race/ethnic group. There are several differences between the trends for the expenditures per unduplicated client for the race/ethnic groups and those from the preceding tables. The expenditures per client actually decreased for several fiscal years before increasing again for two of the race/ethnic groups. In FY 1994-95, the expenditures per client for Whites decreased slightly, from \$2,462 per client to \$2,450 per client, before increasing in each of the next three fiscal years to \$2,774 per client in FY 1997-98. In FY 1995-96, the expenditures per client for African-Americans

decreased nearly 5 percent, from \$2,806 per client to \$2,673 per client, before increasing in the next two fiscal years to \$2,970 per client in FY 1997-98. From FY 1993-94 through FY 1997-98, the biggest increase in expenditures per client was for Native Americans, with a 96.3 percent increase from \$1,122 per client to \$2,202 per client. The expenditures per client for Asian/Pacific Islanders increased 66.4 percent, from \$1,319 per client to \$2,195 per client. The expenditures per client for Hispanics increased 49 percent, from \$1,287 per client to \$1,917 per client.

TABLE 18  
EXPENDITURES PER UNDUPLICATED CLIENT  
BY RACE/ETHNICITY  
FISCAL YEARS 1993-94 THROUGH 1997-98

Race/Ethnicity	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	\$2,357.82	\$2,249.97	\$2,185.71	\$2,367.43	\$2,531.91	7.4
White	2,462.03	2,449.95	2,507.74	2,674.98	2,773.60	12.7
Hispanic	1,287.06	1,468.26	1,538.74	1,773.24	1,917.17	49.0
African-American	2,690.79	2,806.28	2,672.90	2,834.26	2,969.63	10.4
Asian/Pacific Islander	1,319.38	1,480.03	1,737.46	1,927.69	2,194.95	66.4
Native American	1,121.98	1,452.40	1,623.55	1,944.88	2,202.46	96.3
Other/Unknown	2,451.07	2,048.20	1,777.85	1,945.09	2,170.11	-11.5



### Summary by Race/Ethnicity

Because some of the data sources for this report include those where there are a limited number of race/ethnic categories reported, a high percentage of SSI eligibles and clients have been classified in the Other/Unknown race/ethnic group when they should have been classified elsewhere. Therefore, all data regarding race/ethnicity should be interpreted with caution. Nevertheless, some general comments can be made regarding the data that are available. From FY 1993-94 through 1997-98 there were increases in the number of clients in five of the race/ethnic groups and at the same time, a decrease in the number of clients in the Other/Unknown race/ethnic group (See Chart 14). This is further reflected in the penetration rate, which takes into account both the number of eligibles and the number of clients (See Chart 15). Here, the number of eligibles has decreased for each of the race/ethnic groups, but increased in the Other/Unknown race/ethnic group. With an increase in clients and decrease in eligibles, the penetration rates for each of the race/ethnic groups have been driven higher. Similar trends can be seen with regard to the expenditures data (See Charts 16, 17, and 18).

## Type of Service

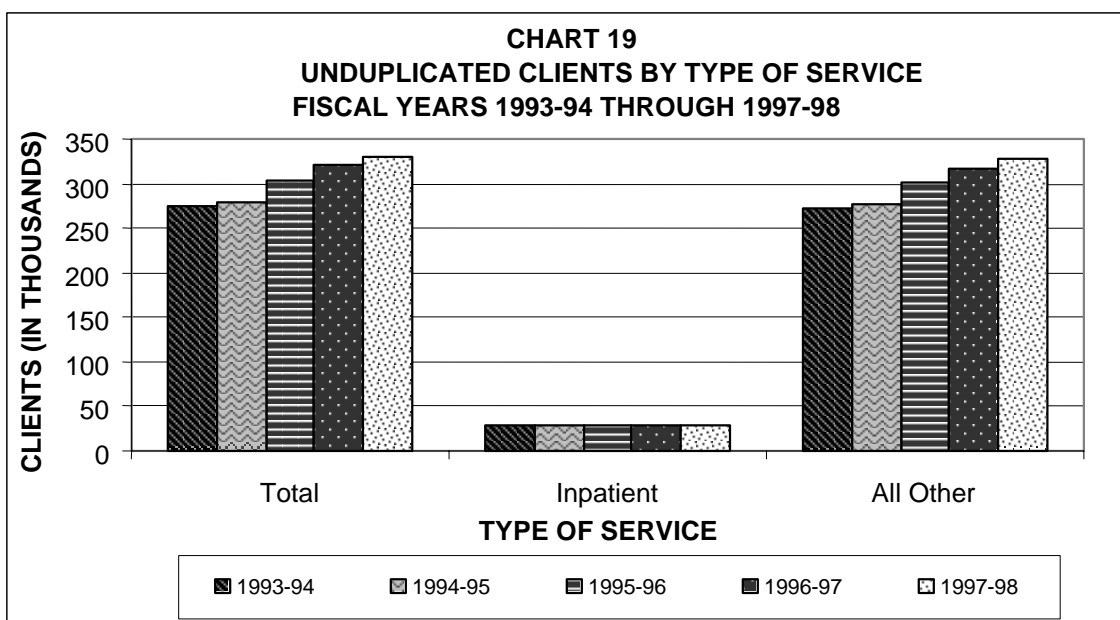
In this final section, the Medi-Cal mental health services have been grouped into either Inpatient or All Other services. The Inpatient services include mental health services in hospitals and Psychiatric Health Facilities (PHF). The All Other services category includes all other non-Inpatient services such as mental health services, case management, medication support, day treatment, crisis, and residential services. Data on average monthly eligibles are not presented in this section since virtually all persons are eligible for whatever type of service is needed.

### Clients

Table 19 and Chart 19 show the number of unduplicated clients by type of service. Medi-Cal clients can receive both types of services, so the sum of clients who received Inpatient and All Other services is more than the total number of unduplicated clients. Across all years, about 9-11 percent of clients received Inpatient services and 99 percent of the clients received services other than Inpatient services. The number of clients receiving Inpatient services decreased in FY 1994-95 and FY 1995-96 (from 29,375 clients to 27,884 clients), and then increased in the next two fiscal years to about the same level as the first year. This trend was due to Inpatient Consolidation, which began in January 1995 when counties became responsible for providing alternatives to inpatient care for those persons previously served in Fee-For-Service/Medi-Cal (FFS/MC) inpatient facilities. Across the five-year period, the number of clients receiving All Other services increased 20 percent, from 272,394 clients to 326,935 clients.

TABLE 19  
UNDUPLICATED CLIENTS BY TYPE OF SERVICE  
FISCAL YEARS 1993-94 THROUGH 1997-98

Type of Service	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	275,159	280,129	303,272	320,265	329,455	19.7
Inpatient	29,375	29,275	27,884	28,535	29,564	0.6
All Others	272,394	277,202	300,823	317,827	326,935	20.0

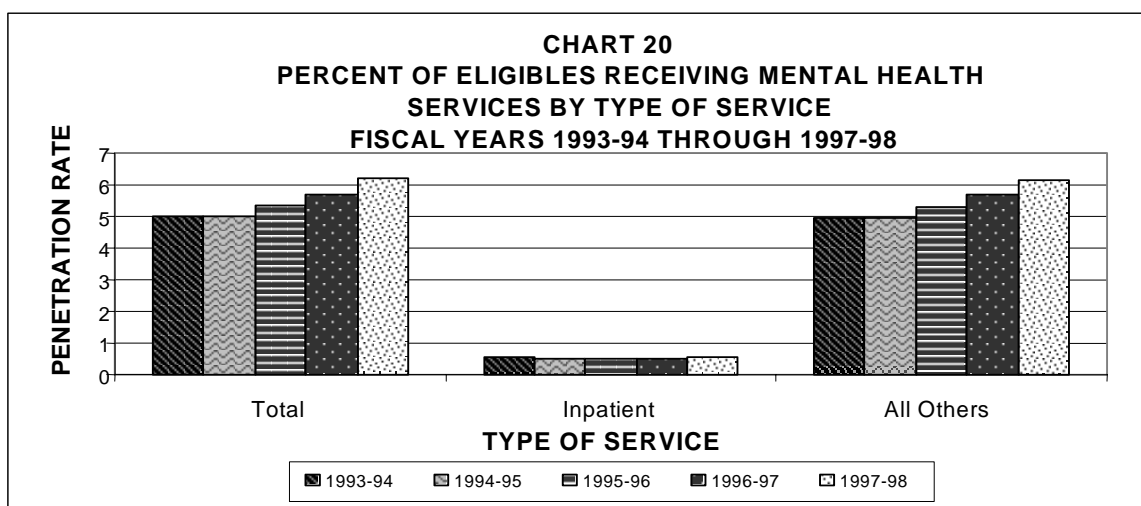


### Penetration Rate

Table 20 and Chart 20 show the percent of eligibles receiving mental health services by type of service. From FY 1993-94 through FY 1997-98, the percent of eligibles receiving Inpatient mental health services remained relatively stable (0.53 percent to 0.56 percent), while the percent of eligibles receiving All Other services increased nearly 25.0 percent, from 4.93 percent to 6.16 percent.

TABLE 20  
PERCENT OF ELIGIBLES RECEIVING MENTAL HEALTH SERVICES  
BY TYPE OF SERVICE  
FISCAL YEARS 1993-94 THROUGH 1997-98

Type of Service	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	4.98	4.98	5.34	5.72	6.21	24.7
Inpatient	0.53	0.52	0.49	0.51	0.56	4.7
All Others	4.93	4.93	5.29	5.68	6.16	25.0

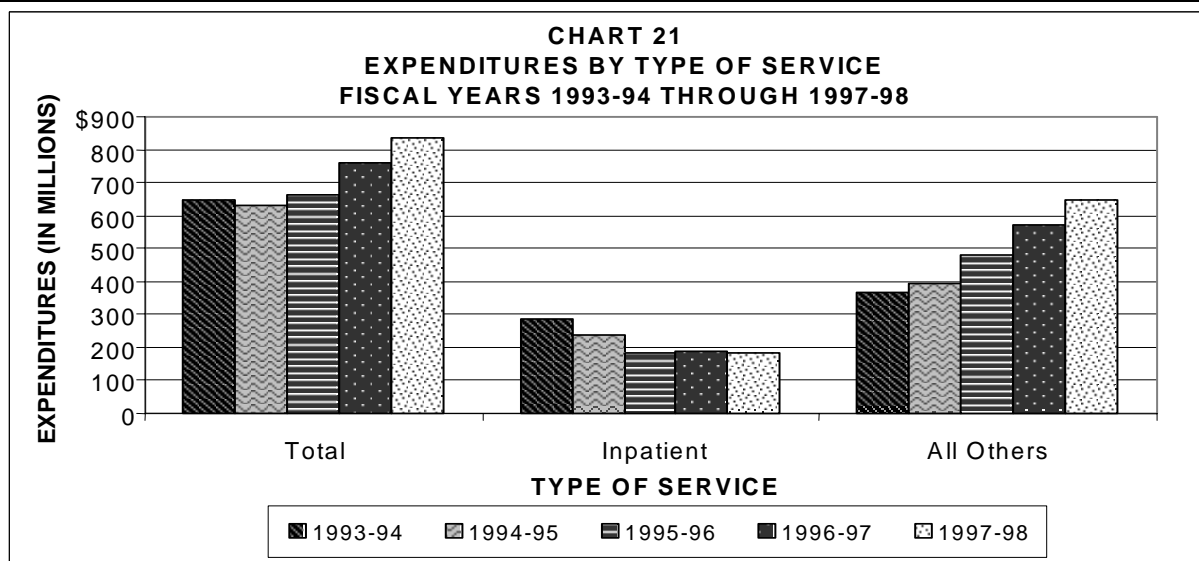


### Expenditures

Table 21 and Chart 21 show the expenditures for Medi-Cal mental health services by type of service. The impact of Inpatient Consolidation is apparent when looking at the expenditures by type of service. From FY 1993-94 through FY 1997-98, the expenditures for Inpatient services decreased 34.9 percent, from \$285 million to \$185 million. The decrease in expenditures is due to counties contracting for Inpatient services at lower daily rates, a small decrease in length of stay, and a small decrease in admissions. The expenditures for All Other services increased 78.2 percent, from \$364 million to \$649 million.

TABLE 21  
EXPENDITURES BY TYPE OF SERVICE  
FISCAL YEARS 1993-94 THROUGH 1997-98

Type of Service	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	\$648,774,995	\$630,283,091	\$662,863,236	\$758,205,281	\$834,148,885	28.6
Inpatient	284,761,632	236,803,023	185,176,735	188,162,640	185,394,473	-34.9
All Others	364,013,363	393,480,068	477,686,500	570,042,640	648,754,412	78.2

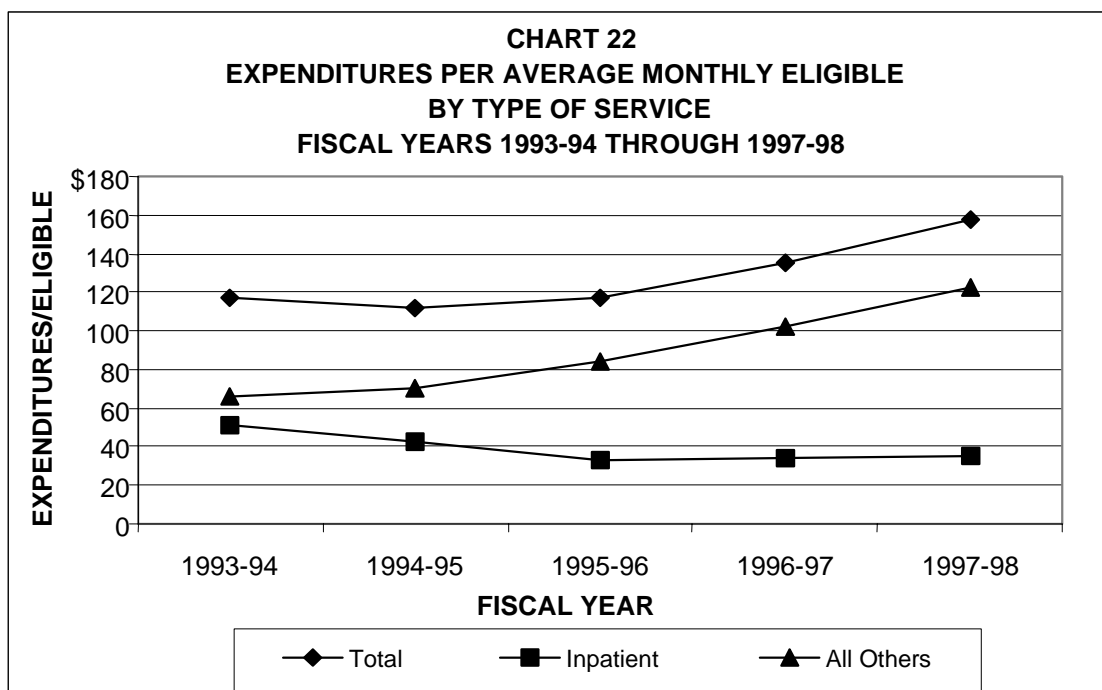


### Expenditures per Eligible

Table 22 and Chart 22 show the expenditures per average monthly eligible by type of service. From FY 1993-94 through FY 1997-98, the expenditures per average monthly eligible for Inpatient services decreased 32.2 percent, from \$51.57 per eligible to \$34.95 per eligible, while for All Other services, the expenditures per eligible increased 85.6 percent, from \$65.92 per eligible to \$122.32 per eligible.

TABLE 22  
EXPENDITURES PER AVERAGE MONTHLY ELIGIBLE  
BY TYPE OF SERVICE  
FISCAL YEARS 1993-94 THROUGH 1997-98

Type of Service	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	\$117.48	\$112.15	\$116.65	\$135.51	\$157.27	33.9
Inpatient	51.57	42.14	32.59	33.63	34.95	-32.2
All Others	65.92	70.01	84.06	101.88	122.32	85.6

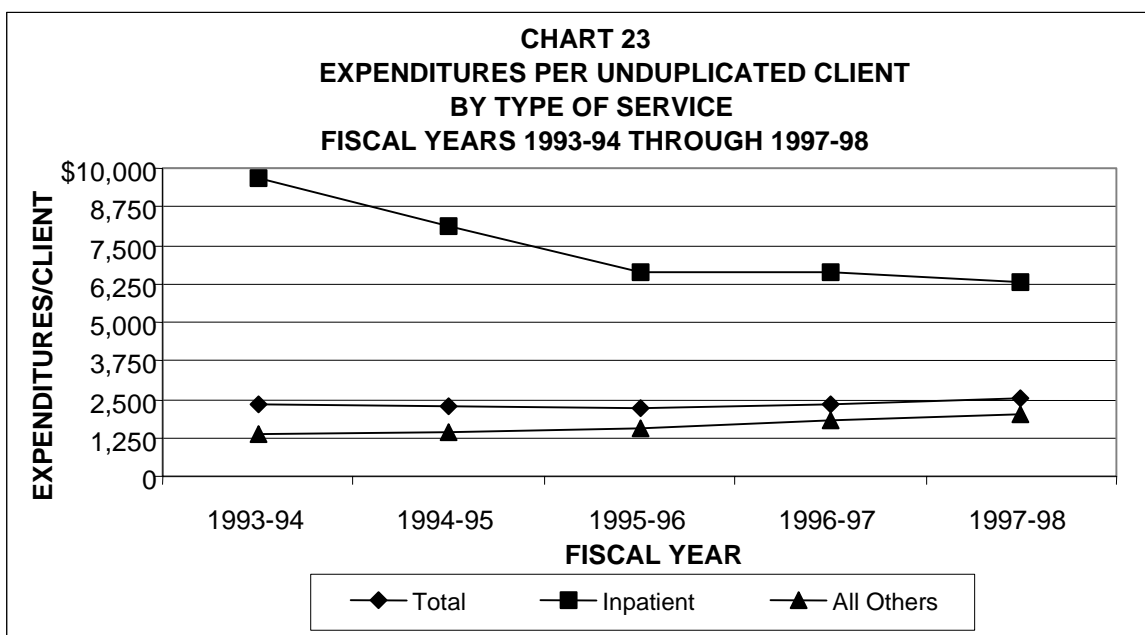


### Expenditure per Client

Table 23 and Chart 23 show the expenditures per unduplicated client by type of service. From FY 1993-94 through FY 1997-98, the expenditures per unduplicated client for Inpatient services decreased 35.3 percent, from \$9,694 per client to \$6,271 per client, while the expenditures per client increased 48.5 percent for All Other services, from \$1,336 per client to \$1,984 per client.

TABLE 23  
EXPENDITURES PER UNDUPLICATED CLIENT  
BY TYPE OF SERVICE  
FISCAL YEARS 1993-94 THROUGH 1997-98

Type of Service	Fiscal Year					Percent Change 1993-94/1997-98
	1993-94	1994-95	1995-96	1996-97	1997-98	
Total	\$2,357.82	\$2,249.97	\$2,185.71	\$2,367.43	\$2,531.91	7.4
Inpatient	9,694.01	8,088.92	6,640.97	6,594.10	6,270.95	-35.3
All Others	1,336.35	1,419.47	1,587.93	1,793.56	1,984.35	48.5



### Summary by Type of Service

The impact of Inpatient Consolidation is clearly reflected in the data concerned with service type. Beginning in January 1995 when Inpatient Consolidation began, the number of clients receiving All Other (non-inpatient) services increased substantially, while the number of clients receiving Inpatient services remained steady (See Chart 19). Similarly, the penetration rate for those receiving All Other services increased 25 percent, while the penetration rate for those receiving Inpatient services remained about the same. However, it is with the expenditures data that the effects of Inpatient Consolidation are most apparent. From FY 1993-94 through 1997-98, expenditures for All Other services increased 78 percent, while the expenditures for Inpatient services decreased almost 35 percent (See Chart 21).